

Name  
in  
Full

Mary, S. Arbuckle 4 Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                             |                                |   |                                |                               |
|---|-----------------------------|--------------------------------|---|--------------------------------|-------------------------------|
| Died at <i>White Hall</i> <sup>Town</sup> |                             | <i>Cecil</i> <sup>County</sup> |   | MARYLAND                       |                               |
| Date of death                             | <i>1905</i> <sup>Year</sup> | <i>aug</i> <sup>Month</sup>    | <i>5</i> <sup>Day</sup>                 | Age <i>89</i> <sup>Years</sup> | Months <i>—</i> Days <i>—</i> |
| Sex                                       | <i>Female</i>               |                                | Color or Race                           | <i>white</i>                   | Birthplace <i>Pa</i>          |
| Occupation                                | <i>House wife</i>           |                                | Where Residing if not at place of death |                                |                               |
| Married, Single or Widowed                | <i>Widowed</i>              |                                | Name of Wife or Husband                 |                                |                               |
| Father's Name                             | <i>Perry Magargle</i>       |                                |   | Father's Birthplace            | <i>Pa</i>                     |
| Mother's Maiden Name                      | <i>Simpson</i>              |                                |   | Mother's Birthplace            | <i>Pa</i>                     |
| Name of person giving information         | <i>Saml. J. Arbuckle</i>    |                                |   | How related to deceased        | <i>Son</i>                    |

## CAUSES OF DEATH

|  |                  |                        |                      |
|--|------------------|------------------------|----------------------|
| Primary  | <i>Paralysis</i> | How long               | <i>3 weeks</i>       |
| Immediate  | <i>Syncope</i>   | How long               | <i>—</i>             |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>       | Signature of Physician | <i>A. J. Carrico</i> |
|  |                  | Address                | <i>Cherry Hill</i>   |
| Accident or Suicide?   | <i>no</i>        |                        |                      |

1021



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                               |                         |                                   |  |       |                     |                  |
|---|-------------------------------|-------------------------|-----------------------------------|--|-------|---------------------|------------------|
| Died at   |                               | Town<br><i>Elkton</i>   |                                   | County<br><i>Cecil</i>                         |       | MARYLAND            |                  |
| Date of death   | 1905                          | Month<br><i>August</i>  | Day<br><i>18</i>                  | Age<br><i>34</i>                               | Years | Months<br><i>10</i> | Days<br><i>3</i> |
| Sex<br><i>Female</i>  | Color or Race<br><i>White</i> |                         | Birth-place<br><i>Elkton, Md.</i> |  |       |                     |                  |
| Occupation<br><i>Asst Editor of the Cecil Democrat</i>        |                               |                         |                                   | Where Residing if not at place of death        |       |                     |                  |
| Married, Single or Widowed<br><i>Single</i>                   |                               | Name of Wife or Husband |                                   |  |       |                     |                  |
| Father's Name<br><i>Jacob C. C. Ash.</i>                      |                               |                         |                                   | Father's Birthplace<br><i>Iron Hill, Md.</i>   |       |                     |                  |
| Mother's Maiden Name<br><i>Emily Howard Ash.</i>              |                               |                         |                                   | Mother's Birthplace<br><i>Elkton, Md.</i>      |       |                     |                  |
| Name of person giving information<br><i>Laura Howard Bee.</i> |                               |                         |                                   | How related to deceased<br><i>First Cousin</i> |       |                     |                  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |
|--|--|--|
| Primary  | <i>her mother died of Tuberculosis a few weeks after this child was born</i> | How long<br><i>18 mos</i>                    |
| Immediate  | <i>also 2 other sisters &amp; father died of Consumption</i>                 | How long                                     |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician<br><i>[Signature]</i> |
|  |  | Address<br><i>[Address]</i>                  |
| Accident or Suicide?   |  |  |



Name in Full

Certificate of Death

Grace Bailey

Town

County

Died at

Near Earbillo

Cecil

MARYLAND

Date 189

5-

Month

8

Day

7

Y.

24

M.

D.

Native of

Md

Occupation

Housewife

Female

White

Married

Widow

Divorced

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

18 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

Attended by Dr.

R. M. Black  
of Cecilton Ind.

Seen by Coroner

of

Information contained in this certificate received from

Hanna Craig

of

Eastville

Ind.

Name  
in  
Full

Elija R Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

|   |   |   |                     |                 |                |
|---|---|---|---------------------|-----------------|----------------|
| Died at <u>Prussville</u> Town                          |   | <u>Cecil</u> County                     |                     |                 |                |
| Date of death <u>1905</u>                               | Month <u>Aug</u>                            | Day <u>18</u>                           | Age <u>75</u> Years | Months <u>—</u> | Days <u>19</u> |
| Sex <u>Female</u>                                       | Color or Race <u>White</u>                  | Birth-place <u>Cecil Co</u>             |                     |                 |                |
| Occupation <u>Housewife</u>                             |   | Where Residing if not at place of death |                     |                 |                |
| Married, Single or Widowed <u>Married</u>               | Name of Wife or Husband <u>Gooden Baker</u> |   |                     |                 |                |
| Father's Name <u>Thomas Lammie</u>                      | Father's Birthplace <u>2</u>                |   |                     |                 |                |
| Mother's Maiden Name <u>Mary McCue</u>                  | Mother's Birthplace                         |   |                     |                 |                |
| Name of person giving information <u>Maggie Jackson</u> | How related to deceased <u>Daughter</u>     |   |                     |                 |                |

## CAUSES OF DEATH

Primary

Gangrene

How long

Year

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. H. King  
Prussville

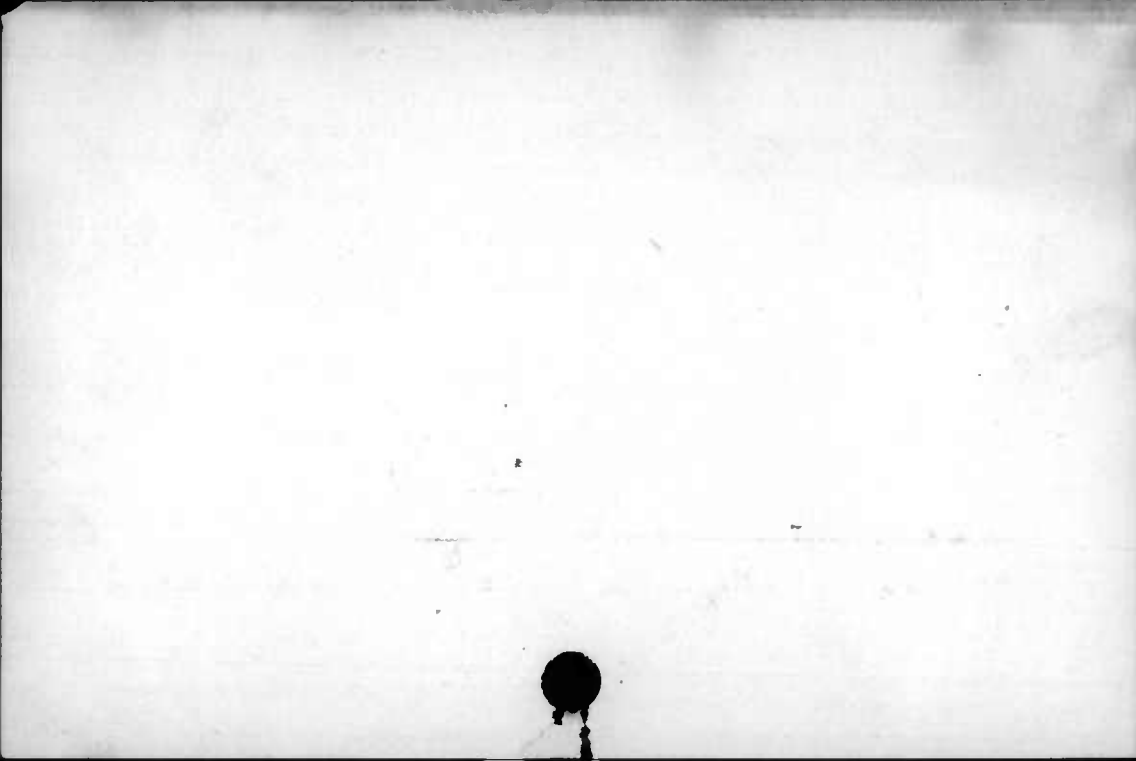
Accident or Suicide?

PHYSICIAN  
OR CORONER

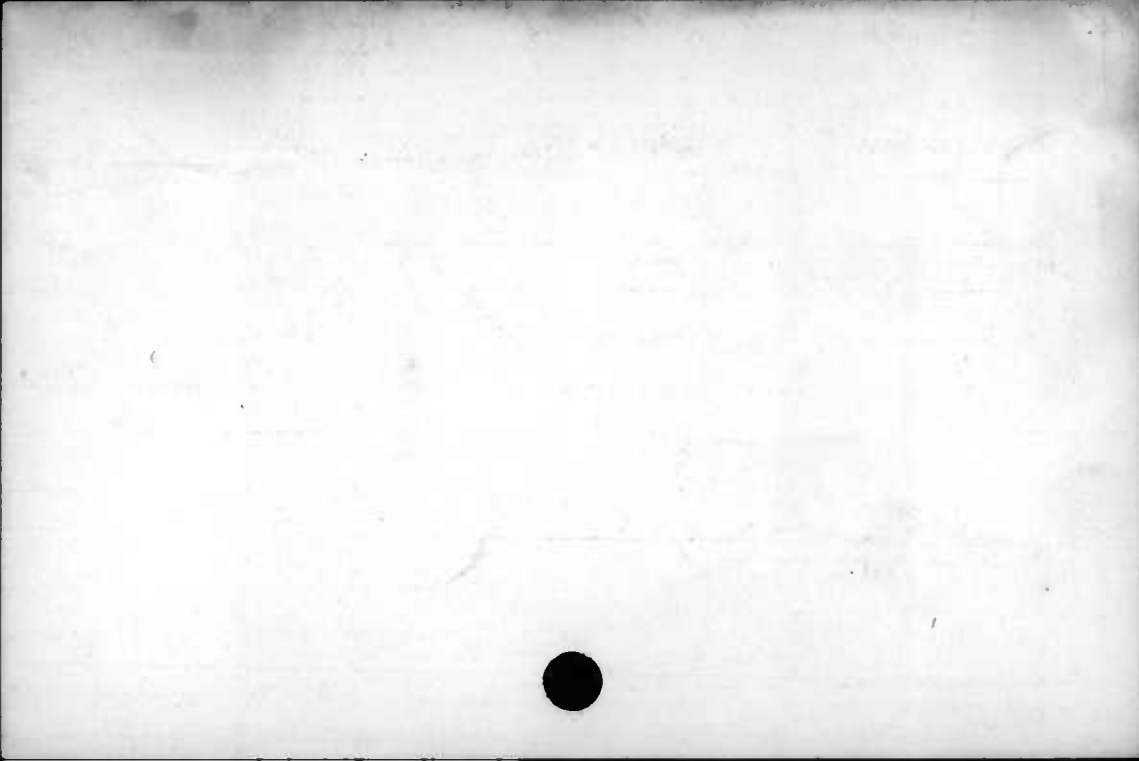




| Name<br>in<br>Full                  |  | SUSAN BRATTON |                                     |       |   |     |                 | CERTIFICATE OF DEATH |             |        |                                |      |   |
|-------------------------------------|--|---------------|-------------------------------------|-------|---|-----|-----------------|----------------------|-------------|--------|--------------------------------|------|---|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  |               | Elkton                              |       | County                                  |     | Cecil           |                      | MARYLAND    |        |                                |      |   |
|                                     | Date of death  |               | 1905                                | Month | Aug                                     | Day | 21              | Age                  | 73          | Months | 1                              | Days | 8 |
|                                     | Sex  |               | Female                              |       | Color or Race                           |     | White           |                      | Birth-place |        | 2 <sup>nd</sup> Dist Cecil Co. |      |   |
|                                     | Occupation   |               | Housewife                           |       | Where Residing if not at place of death |     |                 |                      |             |        |                                |      |   |
|                                     | Married, Single or Widowed   |               | Widow                               |       | Name of Wife or Husband                 |     | Daniel Brattton |                      |             |        |                                |      |   |
|                                     | Father's Name  |               | Thomas Reese                        |       | Father's Birthplace                     |     | Cecil Co        |                      |             |        |                                |      |   |
|                                     | Mother's Maiden Name   |               | Ann Pennington                      |       | Mother's Birthplace                     |     | Cecil Co        |                      |             |        |                                |      |   |
|                                     | Name of person giving information                                    |               | Howard Brattton                     |       | How related to deceased                 |     | Son             |                      |             |        |                                |      |   |
| CAUSES OF DEATH                     |  |               |                                     |       |   |     |                 |                      |             |        |                                |      |   |
| PHYSICIAN<br>OR CORONER             | Primary  |               | Disease / Coronary Arteriosclerosis |       |   |     |                 |                      | How long    |        | Eight months                   |      |   |
|                                     | Immediate  |               | Sudden heart failure                |       |   |     |                 |                      | How long    |        | About a month                  |      |   |
|                                     | Are the name, age, sex, color, date and place correctly given above? |               | Yes                                 |       | Signature of Physician                  |     | Charles M. Elly |                      |             |        |                                |      |   |
|                                     |  |               |                                     |       | Address                                 |     | Elkton Md       |                      |             |        |                                |      |   |
|                                     | Accident or Suicide?   |               |                                     |       |   |     |                 |                      |             |        |                                |      |   |



| Name in Full   |  | Certificate of Death                                  |        |                           |          |
|--|--|---|--------|---------------------------|----------|
| Rachel A. Briscoe,   |  | MARYLAND  |        |                           |          |
| Died at Rising Sun   |  | County Cecil  |        |                           |          |
| Date of death 1905   |  | Month 8   | Day 29 | Age 69                    | Months 5 |
| Sex female   |  | Color or Race white                                   |        | Birthplace Penna. Lanc Co |          |
| Occupation housewife   |  | Where Residing if not at place of death Rising Sun Md |        |                           |          |
| Married, Single or Widowed Married                                       |  | Name of Husband Alex. H. Briscoe                      |        |                           |          |
| Father's Name Wm Keithley  |  | Father's Birthplace Penna                             |        |                           |          |
| Mother's Maiden Name   |  | Mother's Birthplace "                                 |        |                           |          |
| Name of person giving information Alex. Briscoe Jr.                      |  | How related to deceased Son                           |        |                           |          |
| CAUSES OF DEATH  |  |   |        |                           |          |
| Primary Apoplexy   |  | How long 17 months                                    |        |                           |          |
| Immediate Paralysis of Brain   |  | How long 72 hours                                     |        |                           |          |
| Are the name, age, sex, color, date and place correctly given above? Yes |  | Signature of Physician Dr. Geo. S. Darr               |        |                           |          |
|  |  | Address Rising Sun Md                                 |        |                           |          |
| Accident or Suicide?   |  |   |        |                           |          |



Name  
in  
Full

John Balser 8/7/V.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> New Ebor<sup>County</sup> Calvert

Date of death 1905 May 27

Age

Years

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Bright -  
Exhaustion

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

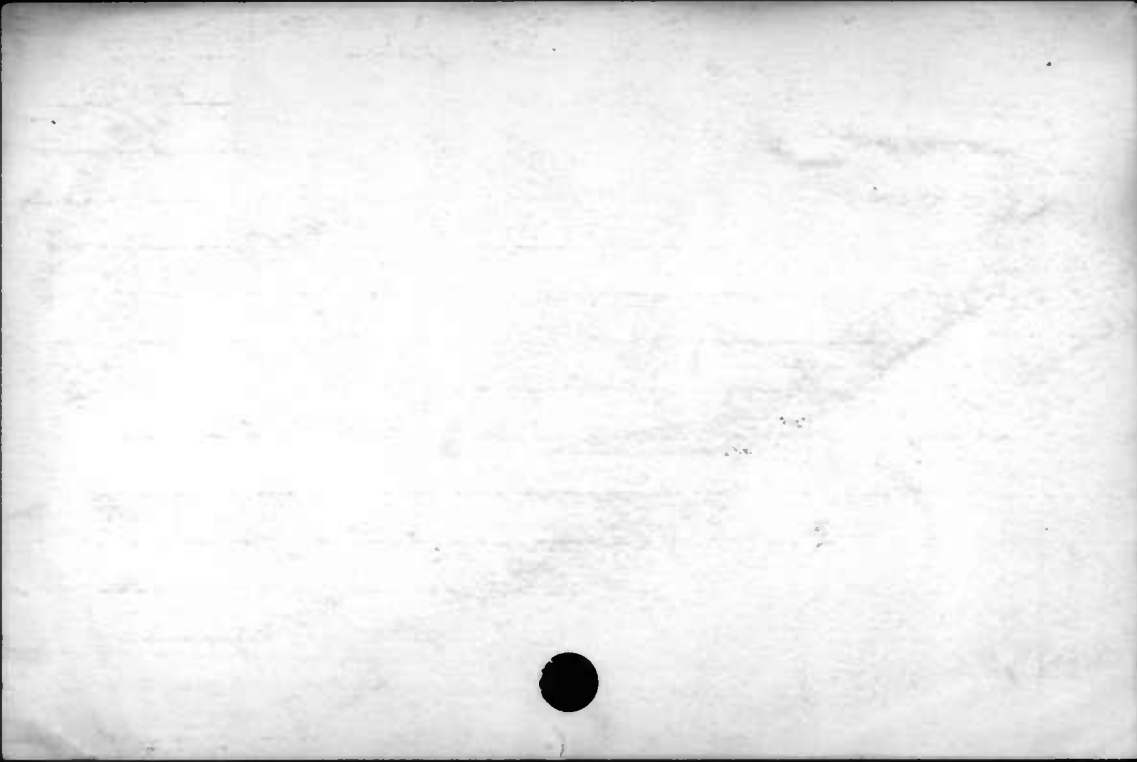
Yes

Signature of  
Physician

Address

David Crowley  
Blanton  
md

Accident or Suicide?



Name  
in  
Full

Emma T. Carter

## CERTIFICATE OF DEATH

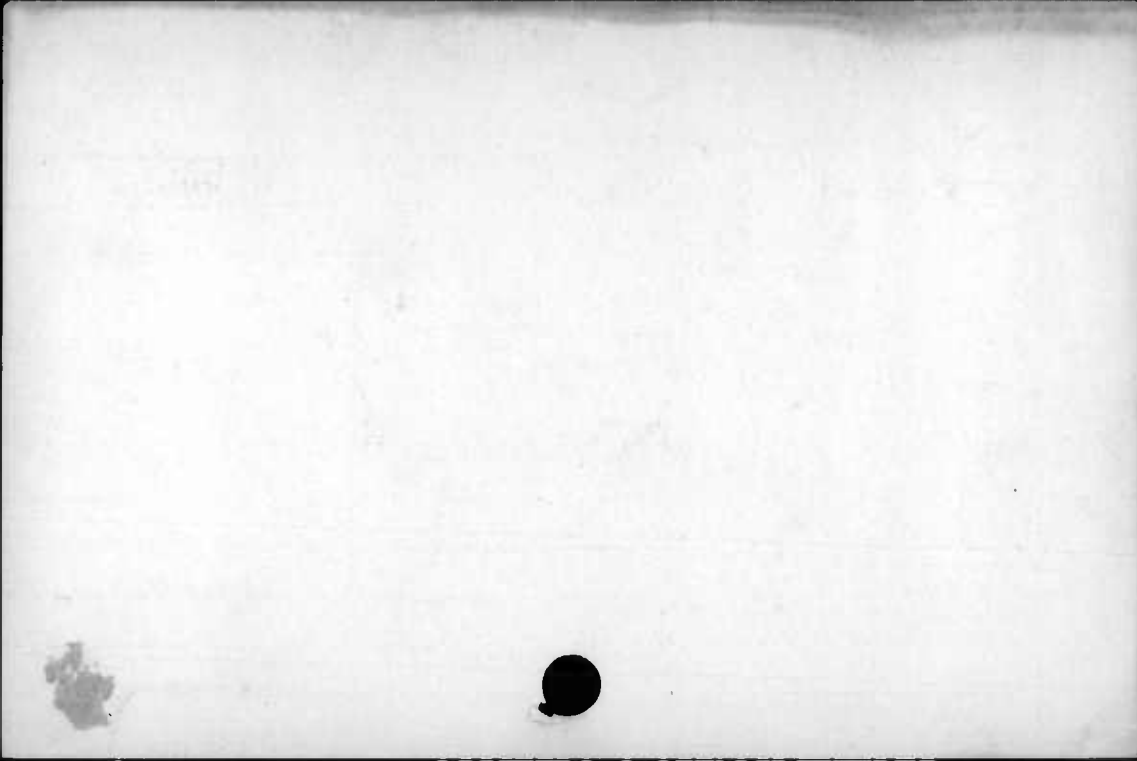
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                              |                                    |  |                 |               |  |
|---|----------------------------|------------------------------|------------------------------------|--|-----------------|---------------|--|
| Died at <i>Chesapeake City</i>              |                            | Town <i>Chesapeake City</i>  |                                    | County <i> Cecil </i>                      |                 | MARYLAND      |  |
| Date <i>8</i>                               | Month <i>August</i>        | Day <i>Tuesday</i>           | Age <i>34</i>                      | Years <i>34</i>                            | Months <i>1</i> | Days <i>5</i> |  |
| of death 190 <i>5</i>                       |                            |                              |                                    |  |                 |               |  |
| Sex <i>Female</i>                           | Color or Race <i>white</i> |                              | Birth-place <i>Chesapeake City</i> |  |                 |               |  |
| Married, Single or Widowed <i>Single</i>    |                            | Occupation <i>Seamstress</i> |                                    |  |                 |               |  |
| Name of Wife or Husband                     |                            |                              |                                    |  |                 |               |  |
| Father's Name <i>Joseph Carter</i>          |                            |                              |                                    | Father's Birthplace <i>England</i>         |                 |               |  |
| Mother's Maiden Name <i>Sarah A. Carter</i> |                            |                              |                                    | Mother's Birthplace <i>Chesapeake City</i> |                 |               |  |
| Name of person giving information           |                            |                              |                                    | How related to deceased                    |                 |               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Styphosis of ovarian tubercles</i>                                   | How long <i>11/6</i>                            |
| Immediate <i>Pneumonia</i>  | How long <i>Two days</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. J. Conroy M.D.</i> |
|   | Address <i>Chesapeake City Md</i>               |
| Accident or Suicide?  |   |





Name  
in  
Full

Rebecca. K. Drummond 3 dist.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                                       |   |                 |      |
|---|----------------------------|---------------------------------------|---|-----------------|------|
| Died at <i>Childs</i> <sup>Town</sup>                   |                            | <i>Cecil</i> <sup>County</sup>        |   | MARYLAND        |      |
| Date of death <i>1905</i>                               | Month <i>aug</i>           | Day <i>22</i>                         | Age <i>16</i>                           | Months <i>4</i> | Days |
| Sex <i>Female</i>                                       | Color or Race <i>white</i> |                                       | Birth-place <i>md</i>                   |                 |      |
| Occupation <i>School Girl</i>                           |                            |                                       | Where Residing if not at place of death |                 |      |
| Married, Single or Widowed <i>Single</i>                |                            | Name of Wife or Husband               |   |                 |      |
| Father's Name <i>A. L. Drummond</i>                     |                            | Father's Birthplace <i>md</i>         |   |                 |      |
| Mother's Maiden Name <i>Rebecca Agnor</i>               |                            | Mother's Birthplace <i>md</i>         |   |                 |      |
| Name of person giving information <i>A. L. Drummond</i> |                            | How related to deceased <i>Father</i> |   |                 |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Tuberculosis of Lung</i>   | How long <i>1 yr</i>                                 |
| Immediate   | How long   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. Arthur Twitchell MD</i> |
|   | Address <i>Elkton Md.</i>                            |
| Accident or Suicide?  |  |

121



Name  
in  
Full

Isaac Thomas Fields

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |            |                         |           |             |              |
|--|--|--|------------|-------------------------|-----------|-------------|--------------|
| Died at  |  | Town<br>Becilton                           |            | County<br>Becilt        |           | MARYLAND    |              |
| Date of death                                      |  | 1905-                                      | Month<br>8 | Day<br>24               | Age<br>30 | Years<br>5- | Months<br>18 |
| Sex<br>Male  |  | Color or Race<br>Colored                   |            | Birth-place<br>Becilton |           |             |              |
| Occupation<br>Laborer                              |  | Where Residing if not at place of death    |            |                         |           |             |              |
| Married, Single or Widowed<br>Married              |  | Name of Wife or Husband<br>Angelina Fields |            |                         |           |             |              |
| Father's Name<br>Thomas Fields                     |  | Father's Birthplace                        |            |                         |           |             |              |
| Mother's Maiden Name<br>Hensfield Bacon            |  | Mother's Birthplace<br>Becilton            |            |                         |           |             |              |
| Name of person giving information<br>Auntie Fields |  | How related to deceased<br>Mother          |            |                         |           |             |              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |             |                        |           |
|--|-------------|------------------------|-----------|
| Primary  | Syphilis    | How long               | 12 months |
| Immediate  | in of Brain | How long               | 2 weeks   |
| Are the name, age, sex, color, date and place correctly given above? |             | Signature of Physician |           |
| Yes  |             | Ewen Lowmyer           |           |
|  |             | Address                |           |
|  |             | Becilton md            |           |
| Accident or Suicide?   |             |                        |           |

Dr. John W. Cooper  
Elkton. Md

Name  
in  
Full

CERTIFICATE OF DEATH

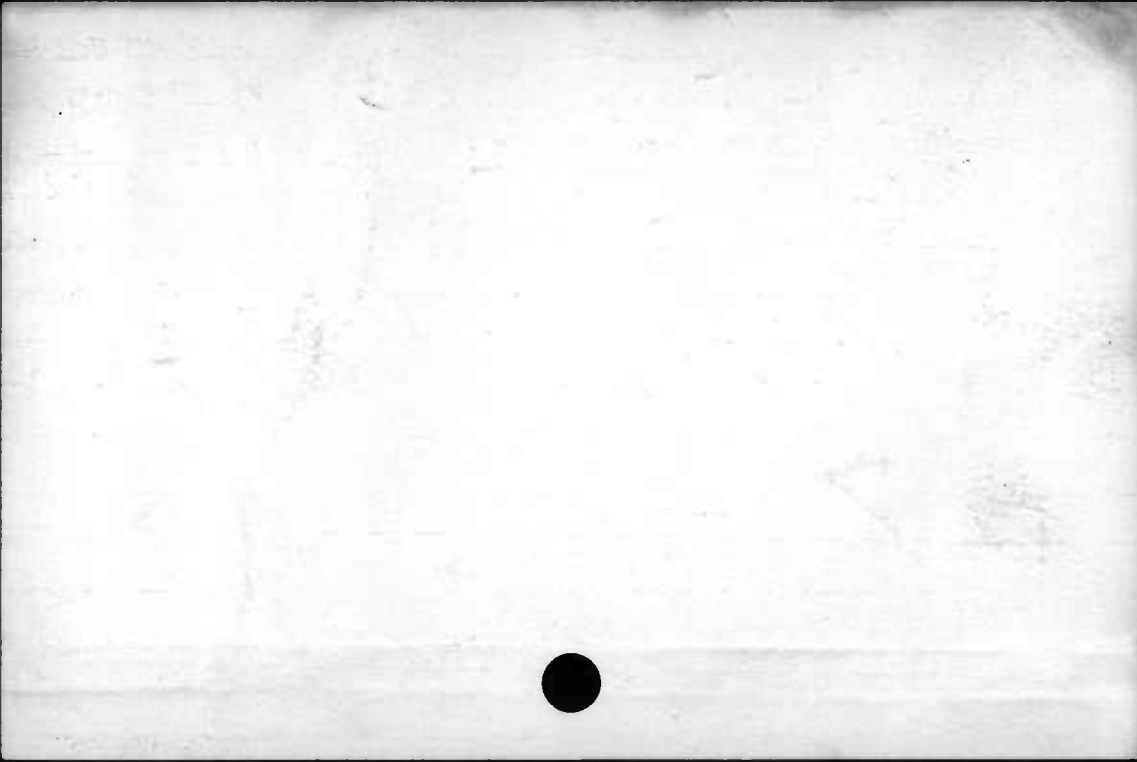
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |   |  |                    |  |
|---|--|--|--|---|--|--------------------|--|
| Name<br><i>Alfred Ford</i>                                |  | Town<br><i>North East</i>                        |  | County<br><i>Cecil</i>                        |  | MARYLAND           |  |
| Died at   |  | Date<br>of death <i>1905 Aug 26<sup>th</sup></i> |  | Age<br><i>61</i>                              |  | Months<br><i>6</i> |  |
| Sex<br><i>Male</i>  |  | Color or<br>Race<br><i>White</i>                 |  | Birth-<br>place<br><i>North East Md.</i>      |  | Days               |  |
| Occupation<br><i>Brick Manufacturer</i>                   |  |  |  | Where Residing if not<br>at place of death    |  |                    |  |
| Married, Single<br>or Widowed<br><i>Married</i>           |  | Name of Wife or<br>Husband                       |  |   |  |                    |  |
| Father's<br>Name<br><i>John Ford</i>                      |  |  |  | Father's<br>Birthplace<br><i>Old Field B.</i> |  |                    |  |
| Mother's<br>Maiden Name<br><i>Elizabeth Simpers</i>       |  |  |  | Mother's<br>Birthplace<br><i>North East</i>   |  |                    |  |
| Name of person giving<br>In formation<br><i>John Ford</i> |  |  |  | How related<br>to deceased<br><i>Son</i>      |  |                    |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary<br><i>Myocardia</i>   | How long<br><i>One year</i>                   |
| Immediate<br><i>Apoplexy</i>  | How long                                      |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes</i> | Signature of<br>Physician<br><i>B. H. ...</i> |
|   | Address<br><i>The ...</i>                     |
| Accident? <i>No</i>   |   |



| Name in Full                        |   | CERTIFICATE OF DEATH |   |  |                                     |
|-------------------------------------|---|----------------------|---|--|-------------------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at <i>near Port-Deposit</i>  |                      | Town <i>Civil</i>                           |  | County                              |
|                                     | Date of death <i>1905 Aug 24</i>  |                      | Age <i>82</i>                               |  | Months <i>2</i>                     |
|                                     | Sex <i>Male</i>   |                      | Color or Race <i>White</i>                  |  | Birth-place <i>Philadelphia Pa</i>  |
|                                     | Occupation <i>Farmer</i>  |                      | Where Residing if not at place of death     |  |                                     |
|                                     | Married, Single or Widowed <i>Widowed</i>                                       |                      | Name of Wife or Husband                     |  |                                     |
|                                     | Father's Name   |                      | Father's Birthplace                         |  |                                     |
|                                     | Mother's Maiden Name  |                      | Mother's Birthplace                         |  |                                     |
|                                     | Name of person giving information <i>John Shuttleworth</i>                      |                      | How related to deceased <i>Not any</i>      |  |                                     |
| CAUSES OF DEATH                     |   |                      |   |  |                                     |
| PHYSICIAN<br>OR CORONER             | Primary <i>Chronic Gastritis</i>  |                      | How long <i>2. Moos</i>                     |  | <input checked="" type="checkbox"/> |
|                                     | Immediate <i>Heart Failure</i>  |                      | How long                                    |  |                                     |
|                                     | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                      | Signature of Physician <i>H. C. Donahoe</i> |  | Address <i>Port Deposit Md</i>      |
|                                     | Accident or Suicide?  |                      |   |  |                                     |





Name  
in  
Full

CERTIFICATE OF DEATH

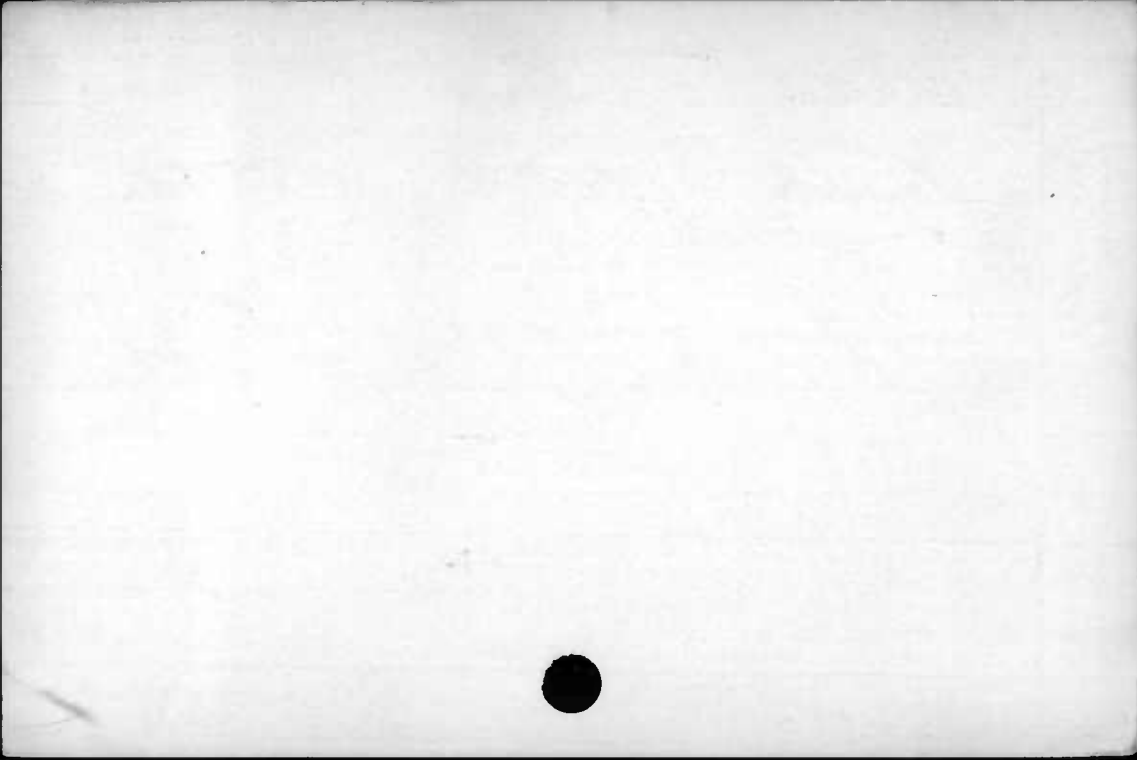
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |   |  |          |                 |
|---|----------------------------|---|--|----------|-----------------|
| Died at <i>Electon</i> <small>Town</small>              |                            | <i>Sumner (Annis)</i> <small>County</small> |  | MARYLAND |                 |
| Date of death <i>1905</i>                               | Month <i>Aug</i>           | Day <i>7</i>                                | Age <i>7</i>   | Years    | Months <i>7</i> |
| Sex <i>Female</i>                                       | Color or Race <i>White</i> |   | Birth-place <i>Electon</i>                           |          |                 |
| Occupation <i>_____</i>                                 |                            |   | Where Residing if not at place of death <i>_____</i> |          |                 |
| Married, Single or Widowed <i>_____</i>                 |                            | Name of Wife or Husband <i>_____</i>        |  |          |                 |
| Father's Name <i>Antonio Frucio</i>                     |                            | Father's Birthplace <i>Italy</i>            |  |          |                 |
| Mother's Maiden Name <i>Cather Cava</i>                 |                            | Mother's Birthplace <i>Italy</i>            |  |          |                 |
| Name of person giving information <i>Antonio Frucio</i> |                            | How related to deceased <i>Wife</i>         |  |          |                 |

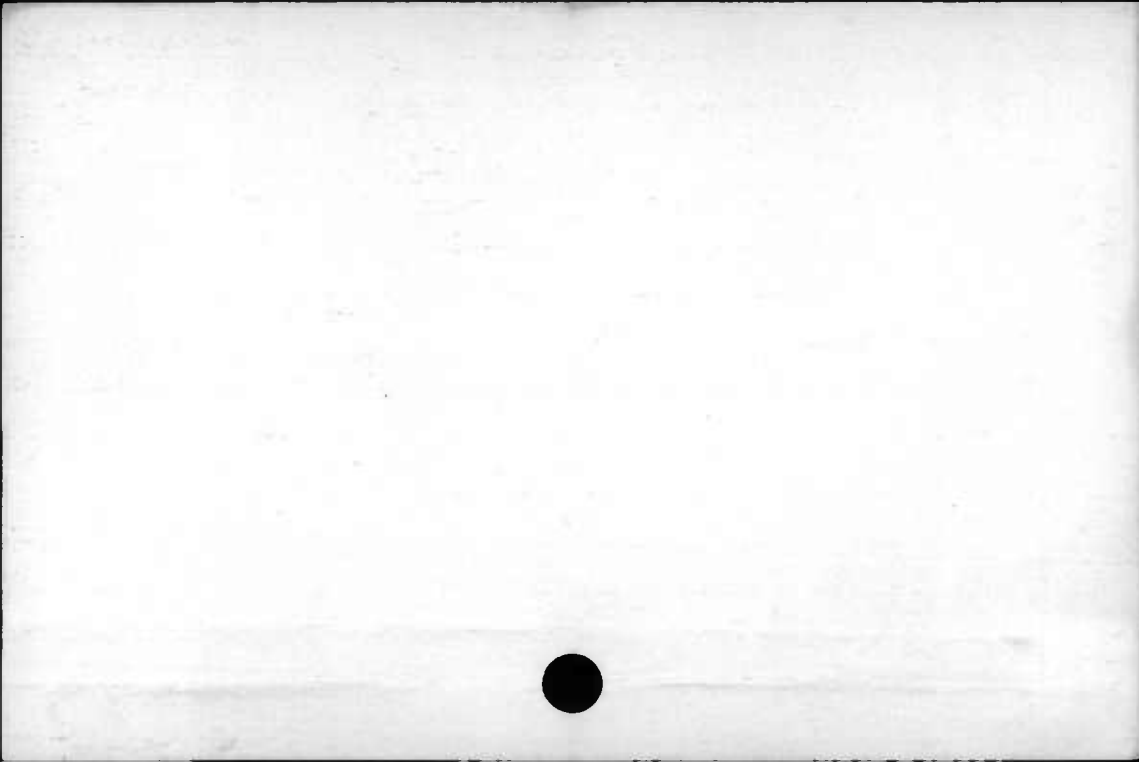
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                   |   |                            |
|--|-------------------|---|----------------------------|
| Primary  | <i>Still Born</i> |   | How long <i>_____</i>      |
| Immediate  | <i>yes</i>        |   | How long <i>_____</i>      |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician <i>Wm J Cawley</i> | Address <i>Electon Md.</i> |
| Accident or Suicide?   |                   |   |                            |



| Name in Full   |  | Certificate of Death                    |  |             |  |
|--|--|---|--|-------------|--|
| Louisa George  |  | Elk Neck                                |  | Cecil       |  |
| Town   |  | County                                  |  | MARYLAND    |  |
| Died at  |  | Date of death                           |  | Age         |  |
| 1905   |  | 8                                       |  | 16          |  |
| Month  |  | Day                                     |  | Years       |  |
| 1905   |  | 8                                       |  | 16          |  |
| Sex  |  | Color or Race                           |  | Birth-place |  |
| Female   |  | White                                   |  | Pughkeppery |  |
| Occupation   |  | Where Residing if not at place of death |  |             |  |
| Housekeeper  |  |   |  |             |  |
| Married, Single or Widowed   |  | Name of Wife or Husband                 |  |             |  |
| Single   |  |   |  |             |  |
| Father's Name  |  | Father's Birthplace                     |  |             |  |
| Anthony George   |  | Phila Pa                                |  |             |  |
| Mother's Maiden Name   |  | Mother's Birthplace                     |  |             |  |
| Lucinda Hamilton   |  | Springfield                             |  |             |  |
| Name of person giving information                                    |  | How related to deceased                 |  |             |  |
| Addie Fretty   |  | Niece                                   |  |             |  |
| CAUSES OF DEATH  |  |   |  |             |  |
| Primary  |  | How long                                |  |             |  |
| Immediate  |  | How long                                |  |             |  |
| Enter - Colitis  |  | One week                                |  |             |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician                  |  |             |  |
| Yes  |  | Thos. A. Worral                         |  |             |  |
|  |  | Address                                 |  |             |  |
|  |  | North East                              |  |             |  |
|  |  | Maryland                                |  |             |  |
| Accident or Suicide?   |  |   |  |             |  |



Name  
in  
Full

Alice M Grubb.

## CERTIFICATE OF DEATH

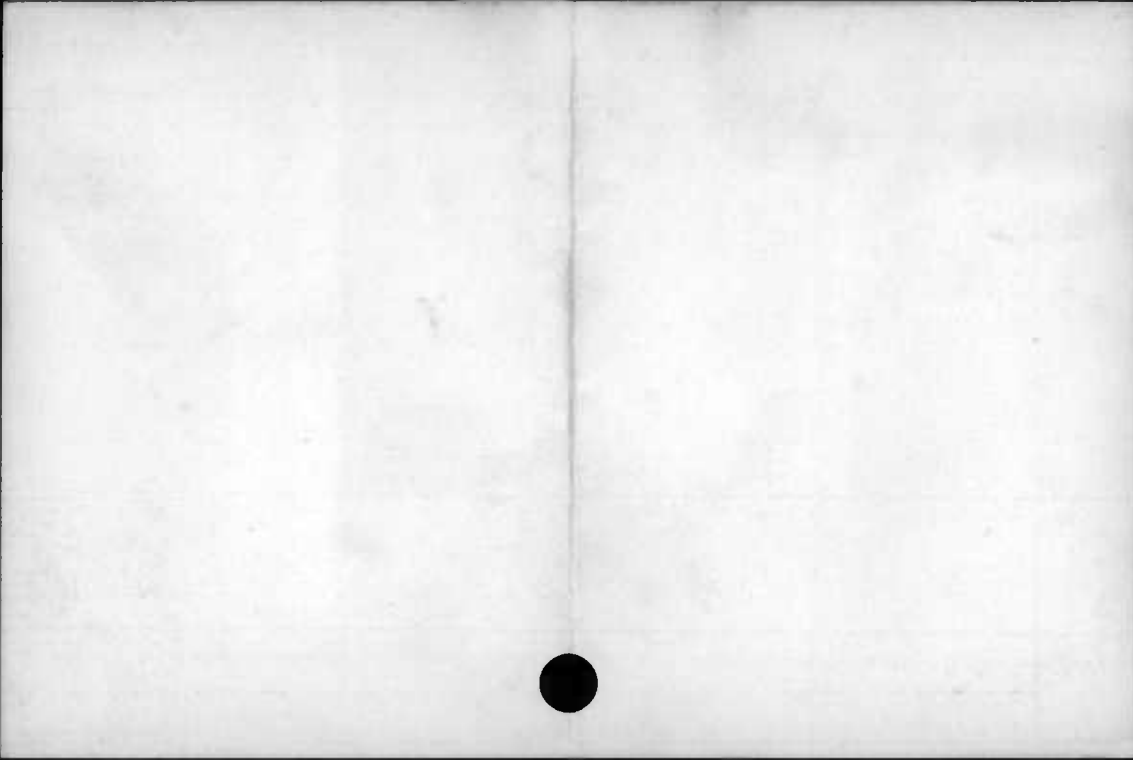
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |     |                               |              |                |                         |                          |  |
|-----------------------------------|---------------|-----|-------------------------------|--------------|----------------|-------------------------|--------------------------|--|
| Died at <i>Conowingo</i> Town     |               |     | County <i>Cecil</i>           |              |                | MARYLAND                |                          |  |
| Date of death 190                 | Month         | Day | Age                           | Years        | Months         | Days                    |                          |  |
| 5                                 | 8             | 21  |                               | 70           |                | 18                      |                          |  |
| Sex                               | <i>Female</i> |     | Color or Race                 | <i>White</i> |                | Birth-place             | <i>Lancaster Co. Pa.</i> |  |
| Married, Single or Widowed        | <i>Widow</i>  |     |                               | Occupation   | <i>Retired</i> |                         |                          |  |
| Name of Wife or Husband           |               |     | <i>Thomas Grubb deceased.</i> |              |                |                         |                          |  |
| Father's Name                     |               |     | <i>Morris Jackson</i>         |              |                | Father's Birthplace     |                          |  |
|                                   |               |     |                               |              |                | <i>Lancaster Co.</i>    |                          |  |
| Mother's Maiden Name              |               |     | <i>Alice M. Jackson</i>       |              |                | Mother's Birthplace     |                          |  |
|                                   |               |     |                               |              |                | <i>Lancaster Co.</i>    |                          |  |
| Name of person giving information |               |     | <i>Anna B. Grubb</i>          |              |                | How related to deceased |                          |  |
|                                   |               |     |                               |              |                | <i>Daughter</i>         |                          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |                        |              |
|--|---------------------------|------------------------|--------------|
| Primary  | <i>Apoplexy</i>           | How long               | <i>2 wks</i> |
| Immediate  | <i>Paralysis of heart</i> | How long               | <i>—</i>     |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |              |
| <i>yes</i>   |                           | <i>DM Ragan M.D.</i>   |              |
|  |                           | Address                |              |
|  |                           | <i>Conowingo Md.</i>   |              |
| Accident or Suicide?   |                           |                        |              |



Name  
in  
Full

## CERTIFICATE OF DEATH

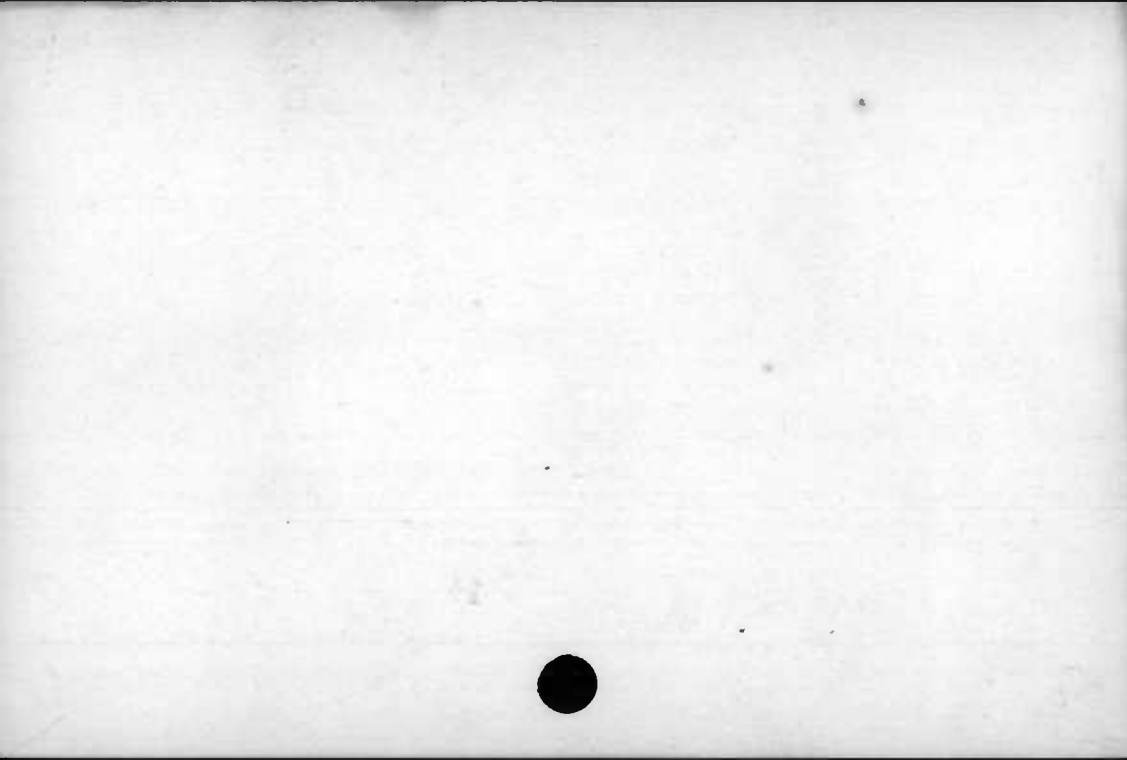
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mable S Hines* Town *Port Deposit* County *Cecil*Died at *Port Deposit* Date of death *1905 Aug 17* Age *10* Years *22* Months *10* Days *22*Sex *Female* Color or Race *White* Birth-place *Port Deposit* Occupation *None* Where Residing if not at place of death *Port Deposit*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Geo Hines* Father's Birthplace *Port Deposit*Mother's Maiden Name *Margaret Whitlock* Mother's Birthplace *Port Deposit*Name of person giving information *Margaret Hines* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Enteric Colitis* How long *4 weeks*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H E Chumley*Address *Port Deposit*Accident or Suicide? *—*





Name  
in  
Full

Susanna H Hambleton

CERTIFICATE OF DEATH

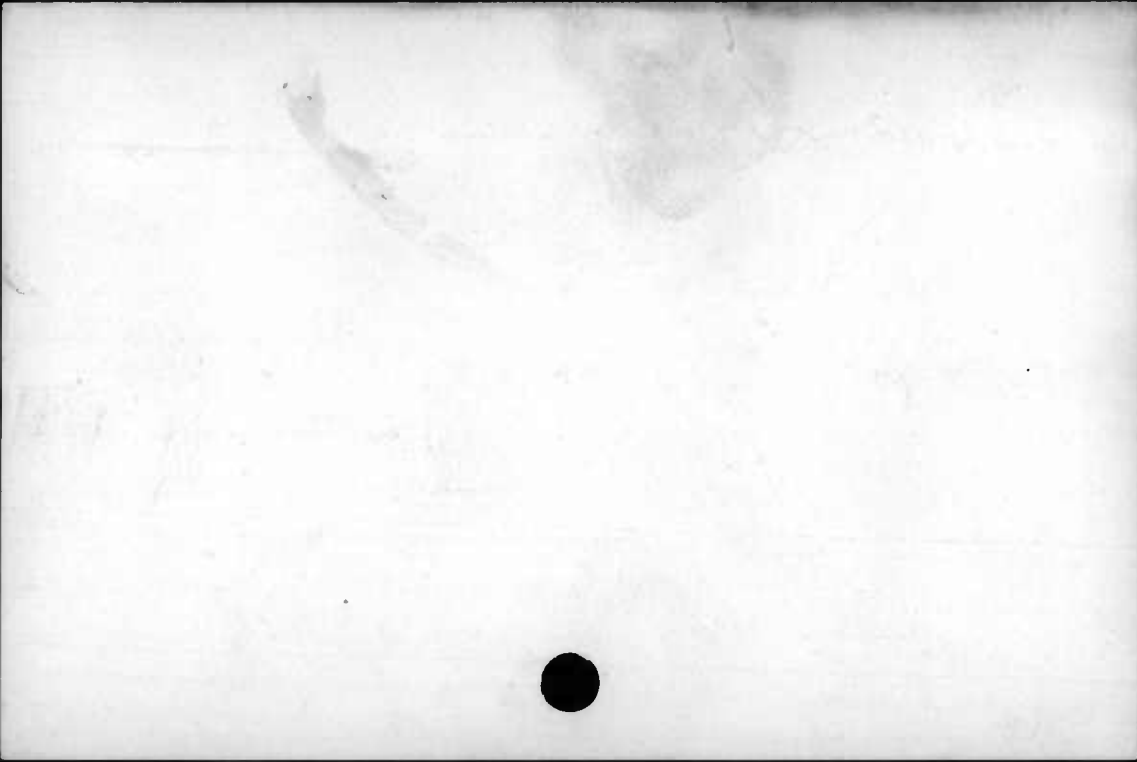
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |  |                               |        |        |          |  |
|---|---|--|-------------------------------|--------|--------|----------|--|
| Died at <i>Rising Sun -</i>                           |   | Town <i>Cecil</i>  |                               | County |        | MARYLAND |  |
| Date of death <i>1905</i>                             | Month <i>8</i>                                  | Day <i>18<sup>th</sup></i>                                   | Age <i>63</i>                 | Years  | Months | Days     |  |
| Sex <i>Female</i>                                     | Color or Race <i>White</i>                      |  | Birth-place <i>Calvert Md</i> |        |        |          |  |
| Occupation <i>housewife</i>                           |   | Where Residing if not at place of death <i>Rising Sun Md</i> |                               |        |        |          |  |
| Married, <del>Single</del> <i>Married</i>             | Name of <del>Wife</del> <i>Sam'l Hambleton,</i> |  | Husband                       |        |        |          |  |
| Father's Name <i>Smith Rigle</i>                      | Father's Birthplace <i>Panna</i>                |  |                               |        |        |          |  |
| Mother's Maiden Name <i>Hannah Strickland</i>         | Mother's Birthplace <i>do</i>                   |  |                               |        |        |          |  |
| Name of person giving information <i>Vesta Wright</i> | How related to deceased <i>Daughter,</i>        |  |                               |        |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Bright's Disease</i>   | How long <i>2 yrs</i>                         |
| Immediate <i>Uremic Convulsion</i>  | How long <i>1/2 hour</i>                      |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Geo. S. Ware MD</i> |
|   | Address <i>Rising Sun Maryland</i>            |
| Accident or Suicide?  |   |



Name  
in  
Full

Mary Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ferry Bridge* <sup>Town</sup>*Cecil* <sup>County</sup>Date of death *190* <sup>Month</sup> *8* <sup>Day</sup> *9*Age *X* <sup>Years</sup>Months *2*Days *X*Sex *Female*

Color or Race

*white*

Birthplace

*Near Ferry Bdg*

Occupation

*None*

Where Residing if not at place of death

*" "*

Married, Single or Widowed

*Single*

Name of Wife or Husband

Father's Name

*John H. Harris*

Father's Birthplace

*Del*

Mother's Maiden Name

*Estella F Roberts*

Mother's Birthplace

*Md*

Name of person giving information

*John H. Harris*

How related to deceased

*Father*

## CAUSES OF DEATH

Primary

*(105)*

How long

*6 weeks*

Immediate

*Summer Complaint*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

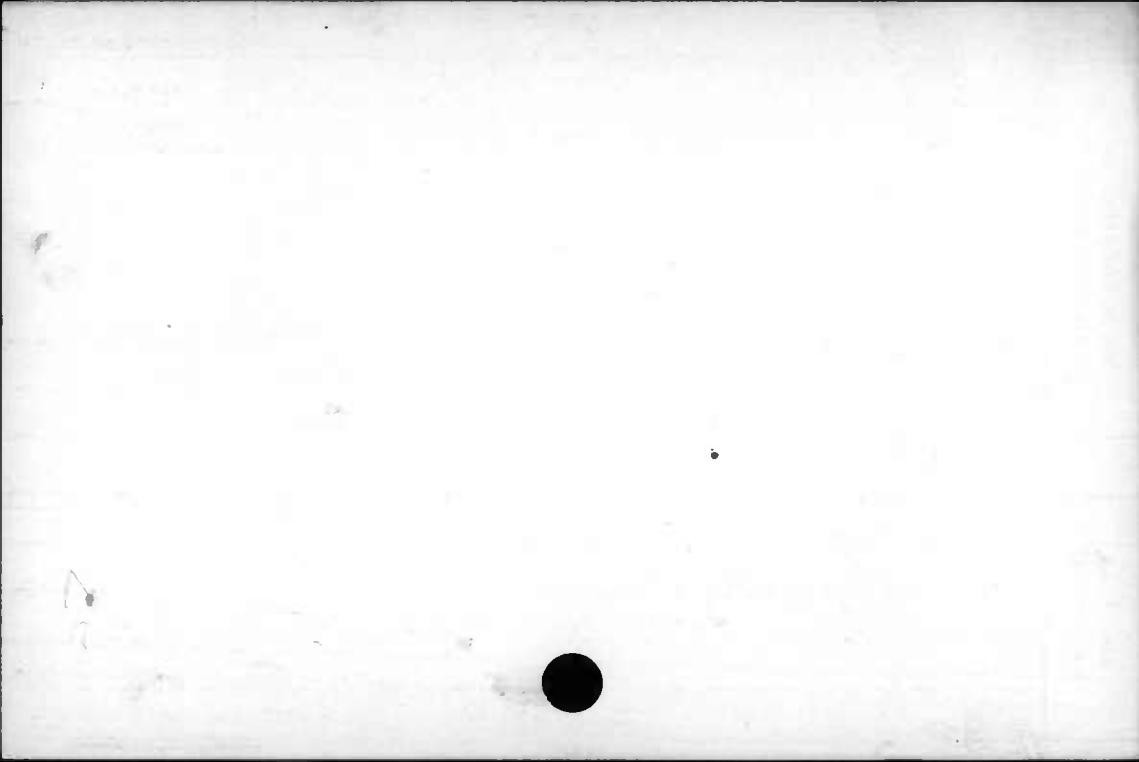
Signature of Physician

Address

*J. W. Patton*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

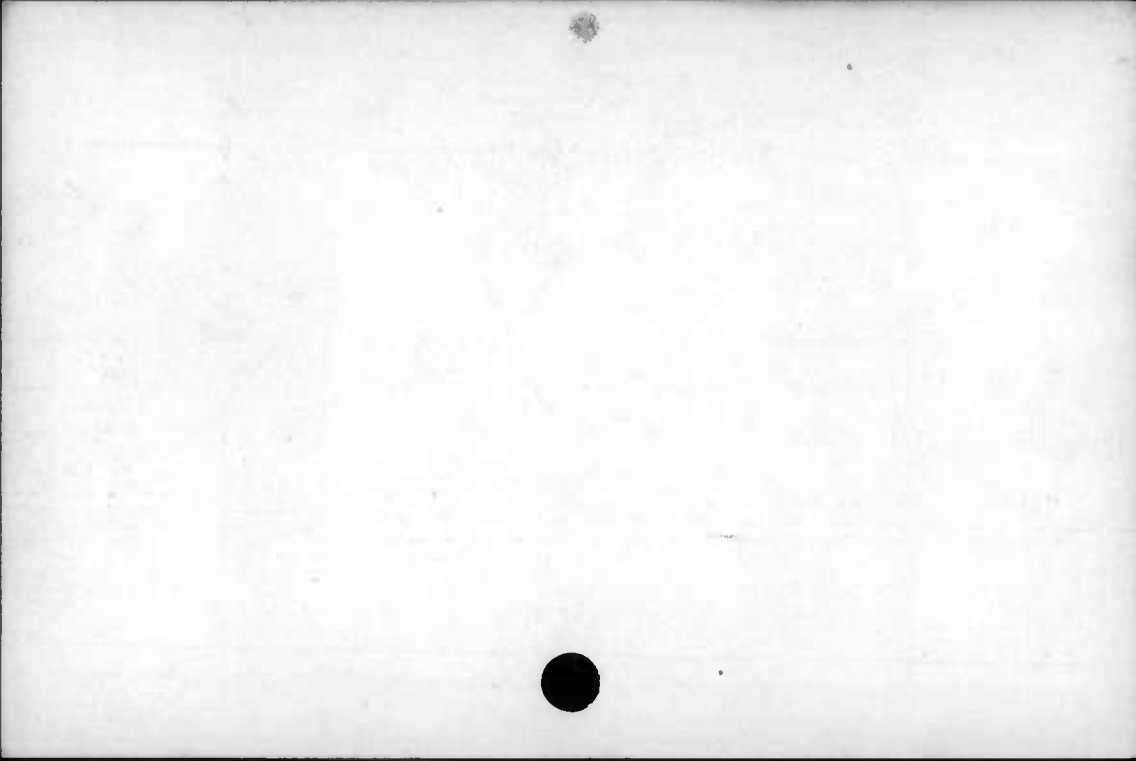
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                    |   |                                      |                        |                    |                  |                    |                   |
|---|------------------------------------|---|--------------------------------------|------------------------|--------------------|------------------|--------------------|-------------------|
| Name<br><i>Thomas James Hartless</i>                            |                                    | Town<br><i>Port Deposit</i>                             |                                      | County<br><i>Cecil</i> |                    | MARYLAND         |                    |                   |
| Died at   |                                    | Date<br>of death <i>1905</i>                            |                                      | Month<br><i>August</i> | Day<br><i>8</i>    | Age<br><i>65</i> | Years<br><i>20</i> |                   |
| Sex<br><i>male</i>  | Color or<br>Race<br><i>colored</i> |   | Birth-<br>place<br><i>Dranbridge</i> |                        | Months<br><i>2</i> |                  |                    | Days<br><i>20</i> |
| Occupation<br><i>labor</i>                                      |                                    | Where Residing if not<br>at place of death<br><i>md</i> |                                      |                        |                    |                  |                    |                   |
| Married, Single<br>or Widowed                                   |                                    | Name of Wife or<br>Husband<br><i>Caroline Hartless</i>  |                                      |                        |                    |                  |                    |                   |
| Father's<br>Name<br><i>John W. Hartless</i>                     |                                    | Father's<br>Birthplace<br><i>Bucktown</i>               |                                      |                        |                    |                  |                    |                   |
| Mother's<br>Maiden Name<br><i>Rosetta Dennis</i>                |                                    | Mother's<br>Birthplace<br><i>Dranbridge</i>             |                                      |                        |                    |                  |                    |                   |
| Name of person giving<br>In formation<br><i>Leonida Jackson</i> |                                    | How related<br>to deceased<br><i>sister</i>             |                                      |                        |                    |                  |                    |                   |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary<br><i>Heart Disease</i>   | How long<br><i>4 days</i>                         |
| Immediate<br><i>Heart Disease</i>   | How long<br><i>4 days</i>                         |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes</i> | Signature of<br>Physician<br><i>W. E. Chumley</i> |
|   | Address<br><i>Port Deposit</i>                    |
| Accident or Suicide?<br><i>No</i>   |   |



Name  
in  
Full

Mary Agnes Hopkinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Rowlandville Cecil

Date of death 190 8 29 Age 1 Months 8 Days

Sex Female Color or Race Black Birth-place Rowlandville

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Daniel Taylor Father's Birthplace Port Deposit

Mother's Maiden Name Mary Hopkinson Mother's Birthplace Port Deposit

Name of person giving information Mary Hopkinson How related to deceased Mother

## CAUSES OF DEATH

Primary Dysentery How long Several weeks

Immediate \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. H. Fisher  
Port Deposit, Md.

Accident or Suicide?

No

PHYSICIAN  
OR CORONER

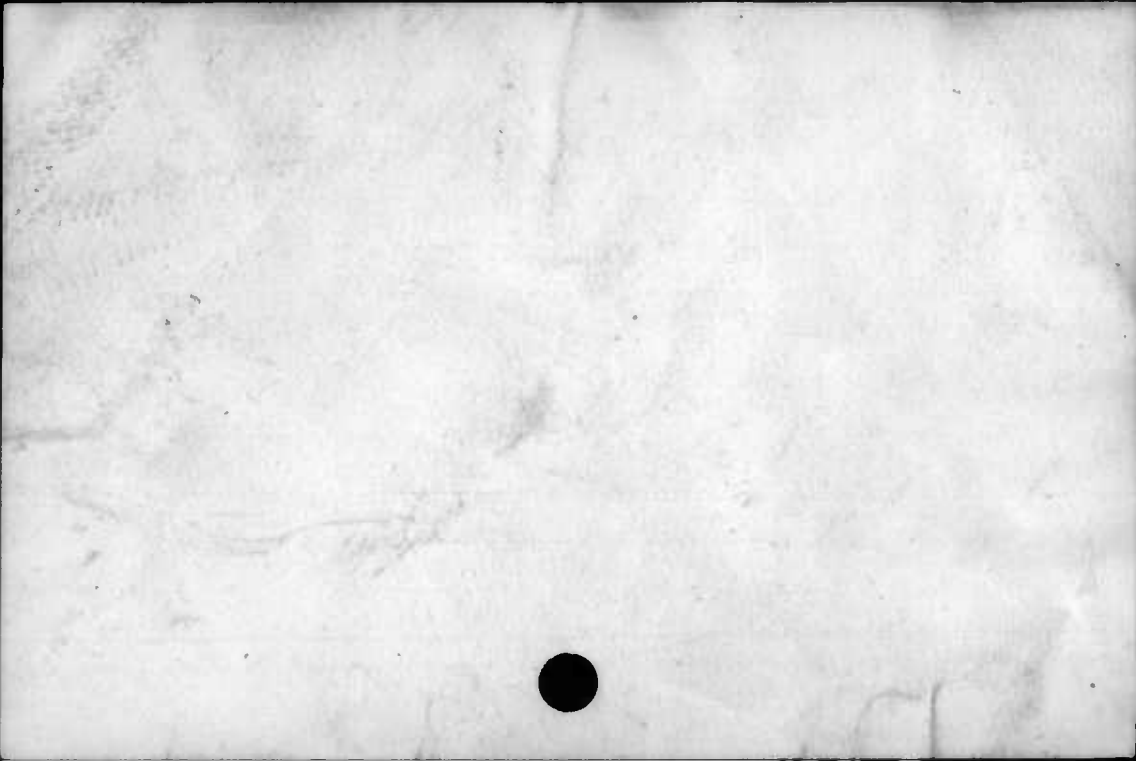
Mary Agnes Hopkins

Fest-

Mount Zion-



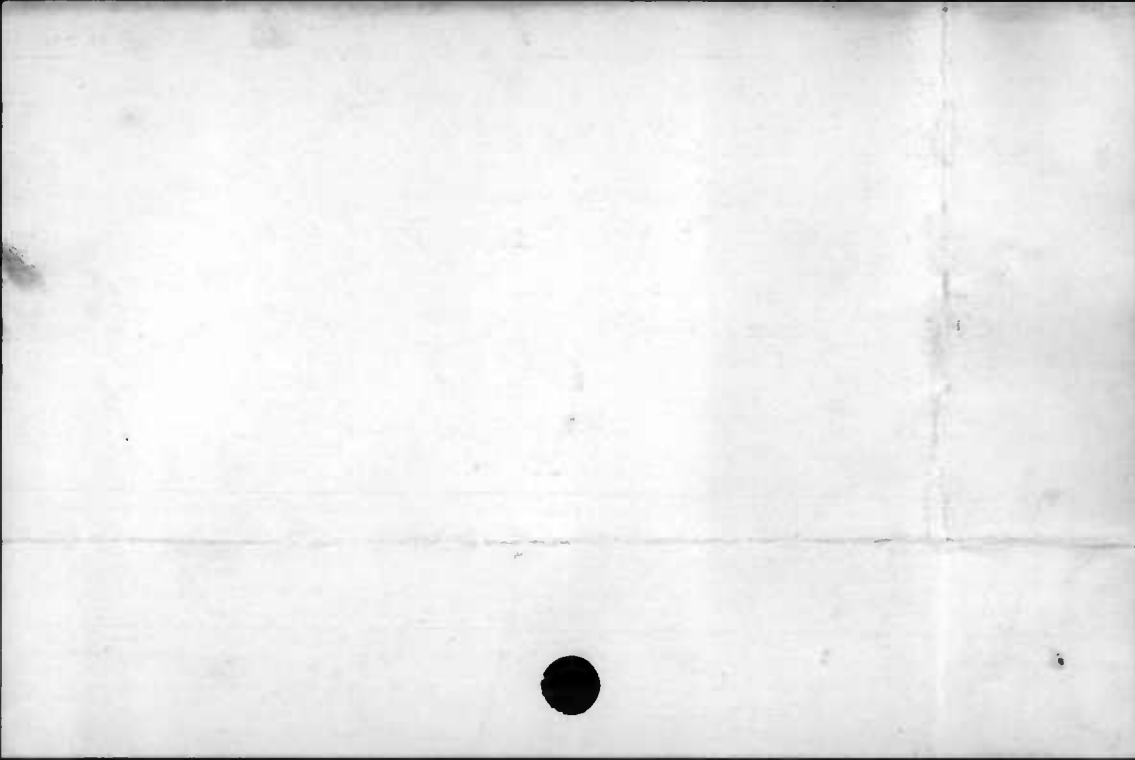
| Name in Full   |  | Certificate of Death                 |  |
|--|--|--------------------------------------|--|
| William H. Howard  |  | MARYLAND                             |  |
| Died at <sup>Town</sup> Near Port Deposit Cecil Co <sup>County</sup>     |  |                                      |  |
| Date of death 1905 Aug 18  |  | Age 60                               |  |
| Sex Male   |  | Color or Race colored                |  |
| Occupation labor   |  | Birth-place Near Port Deposit        |  |
| Married, Single or Widowed Single  |  | Name of Wife or Husband              |  |
| Father's Name Major Howard   |  | Father's Birthplace Ferryville       |  |
| Mother's Maiden Name Violina Torn  |  | Mother's Birthplace Brick Meeting    |  |
| Name of person giving information Violina Howard                         |  | How related to deceased Mother       |  |
| CAUSES OF DEATH  |  |                                      |  |
| Primary Bright's Disease   |  | How long 3 months                    |  |
| Immediate Exhaustion   |  | How long Short time                  |  |
| Are the name, age, sex, color, date and place correctly given above? Yes |  | Signature of Physician H. E. Chumley |  |
| Address Port Deposit   |  | Accident or Suicide?                 |  |



|  |  |  |  |   |  |                      |  |
|--|--|--|--|---|--|----------------------|--|
| Name in Full<br><b>Ephriam Wallace Johnson</b>                       |  | Town<br><b>Gion</b>  |  | County<br><b>Cecil</b>                            |  | CERTIFICATE OF DEATH |  |
| Died at  |  | Date of death  |  | Age   |  | MARYLAND             |  |
| Month<br><b>8</b>  |  | Day<br><b>9</b>  |  | Years<br><b>2</b>                                 |  | Months<br><b>3</b>   |  |
| Sex<br><b>Male</b>   |  | Color or Race<br><b>Colored</b>                            |  | Birth-place<br><b>Edk Beck Md.</b>                |  | Days<br><b>20</b>    |  |
| Occupation<br><b></b>  |  | Where Residing if not at place of death<br><b>Gion Md.</b> |  |   |  |                      |  |
| Married, Single or Widowed<br><b>Single</b>                          |  | Name of Wife or Husband<br><b></b>                         |  |   |  |                      |  |
| Father's Name<br><b>Ephriam Johnson</b>                              |  | Father's Birthplace<br><b>Md.</b>                          |  |   |  |                      |  |
| Mother's Maiden Name<br><b>Mary U. Cole</b>                          |  | Mother's Birthplace<br><b>Md.</b>                          |  |   |  |                      |  |
| Name of person giving information<br><b>Ephriam Johnson</b>          |  | How related to deceased<br><b>Father</b>                   |  |   |  |                      |  |
| CAUSES OF DEATH  |  |  |  |   |  |                      |  |
| Primary  |  | <b>Dis-Colitis</b>   |  | How long  |  | <b>Three weeks</b>   |  |
| Immediate  |  | <b>do</b>  |  | How long  |  |                      |  |
| Are the name, age, sex, color, date and place correctly given above? |  | <b>yes</b>   |  | Signature of Physician<br><b>W. A. Richardson</b> |  |                      |  |
|  |  |  |  | Address<br><b>Colvert</b>                         |  |                      |  |
| Accident or Suicide?   |  |  |  |   |  |                      |  |

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Theodore Lambert

Town

County

MARYLAND

Died at

Harmick

Becil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1905

Aug. 21

Age

7 19

Md.

Child

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Theodore Lambert

Mother's

Name

Laura Lambert.

Cause of

Primary

Enteric - Colitis

How long sick

1 mo.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

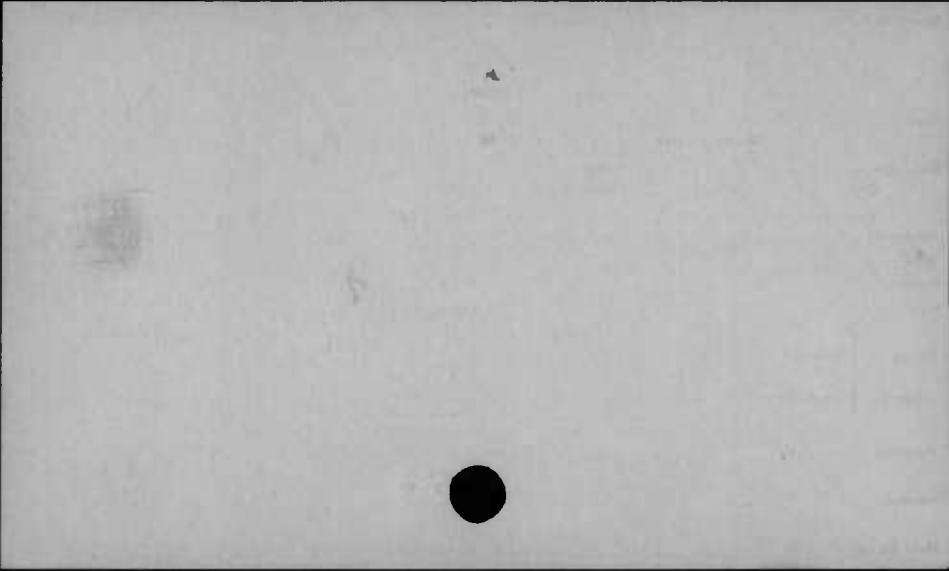
Chas. A. Ritchie, M.D.

Address

Middletown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

George B Feedon

CERTIFICATE OF DEATH

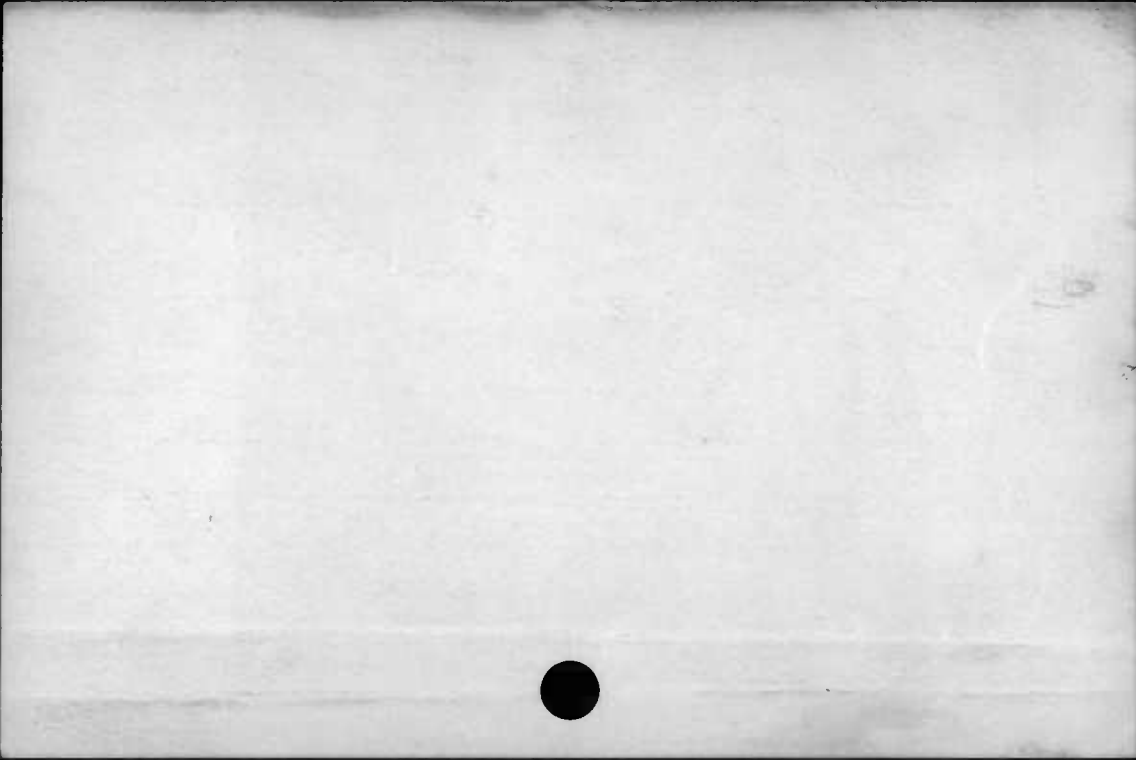
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                  |                                   |   |          |      |
|--|----------------------------------|-----------------------------------|---|----------|------|
| Died at <i>Charleston</i> <sup>Town</sup>            |                                  | <i>Becil Co</i> <sup>County</sup> |   | MARYLAND |      |
| Date<br>of death 190 <i>5</i>                        | Month<br><i>Aug</i>              | Day<br><i>23</i>                  | Years<br><i>70</i>                        | Months   | Days |
| Sex<br><i>Male</i>                                   | Color or<br>Race<br><i>White</i> |                                   | Birth-<br>place<br><i>Buck's Co., Pa.</i> |          |      |
| Married, Single<br>or Widowed<br><i>Married</i>      |                                  | Occupation<br><i>Laborer</i>      |   |          |      |
| Name of Wife or<br>Husband<br><i>Josephine Clark</i> |                                  |                                   |   |          |      |
| Father's<br>Name<br><i>William Feedon</i>            |                                  |                                   | Father's<br>Birthplace                    |          |      |
| Mother's<br>Maiden Name                              |                                  |                                   | Mother's<br>Birthplace                    |          |      |
| Name of person giving<br>In formation                |                                  |                                   | How related<br>to deceased                |          |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary<br><i>Leom</i>  | How long<br><i>2 yrs</i>                        |
| Immediate   | How long  |
| Are the name, age, sex, color, date<br>and place correctly given above? | Signature of<br>Physician<br><i>B. B. Allen</i> |
|   | Address<br><i>W. H. Co.</i>                     |





Name  
in  
Full

Miriam Lennie

## CERTIFICATE OF DEATH

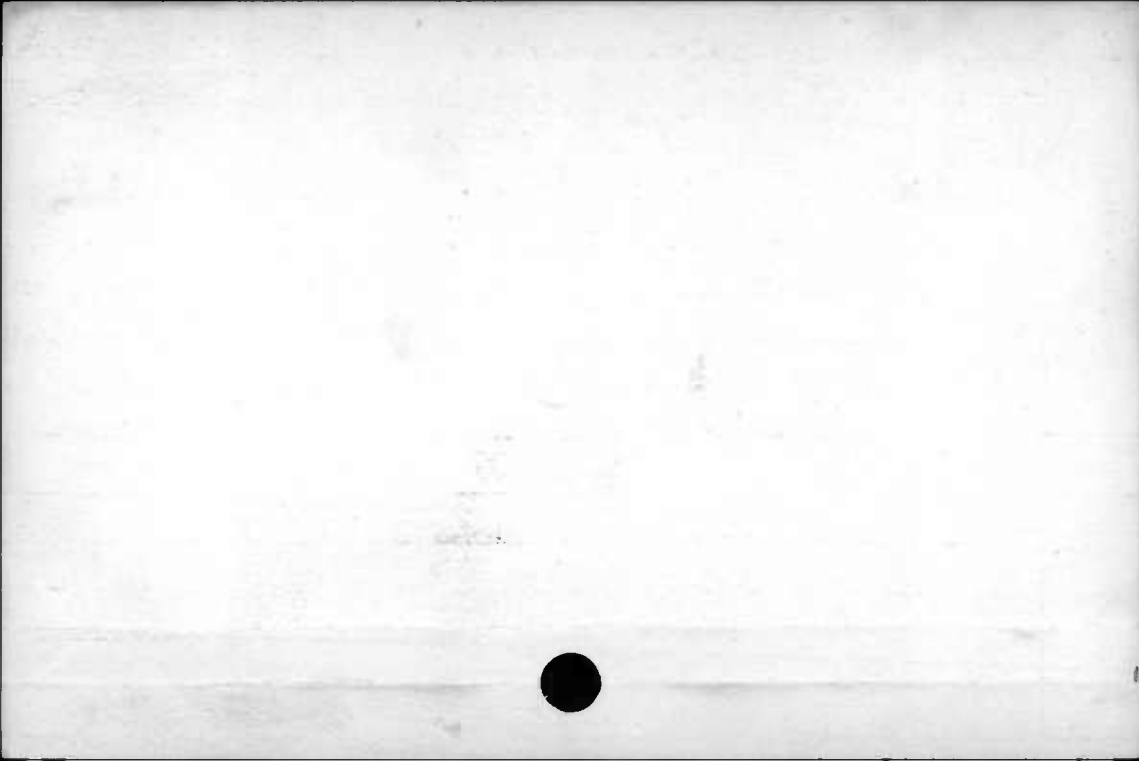
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |       |                         |   |        |                         |           |
|-----------------------------------|---------------|-------|-------------------------|---|--------|-------------------------|-----------|
| Died at                           |               | Town  |                         | County                                  |        | MARYLAND                |           |
| Date of death                     |               | Month | Day                     | Years                                   | Months | Days                    |           |
| 1903                              |               | Aug   | 13                      | Age 104                                 |        |                         |           |
| Sex                               | Female        |       | Color or Race           | Col.                                    |        | Birth-place             | Calvert   |
| Occupation                        | Housekeeper   |       |                         | Where Residing if not at place of death |        |                         |           |
| Married, Single or Widowed        | Married       |       | Name of Wife or Husband |   |        |                         |           |
| Father's Name                     | Not known     |       |                         |   |        | Father's Birthplace     | Not known |
| Mother's Maiden Name              | Not known     |       |                         |   |        | Mother's Birthplace     | " "       |
| Name of person giving information | L.B. Cantwell |       |                         |   |        | How related to deceased | None      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |          |  |
|--|------------------------|----------|--|
| Primary  | Apoplexy               | How long |  |
| Immediate  |                        | How long |  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |          |  |
|  | Address                |          |  |
| Accident or Suicide?   |                        |          |  |



Name  
in  
Full

Moses M. McCabe

## CERTIFICATE OF DEATH

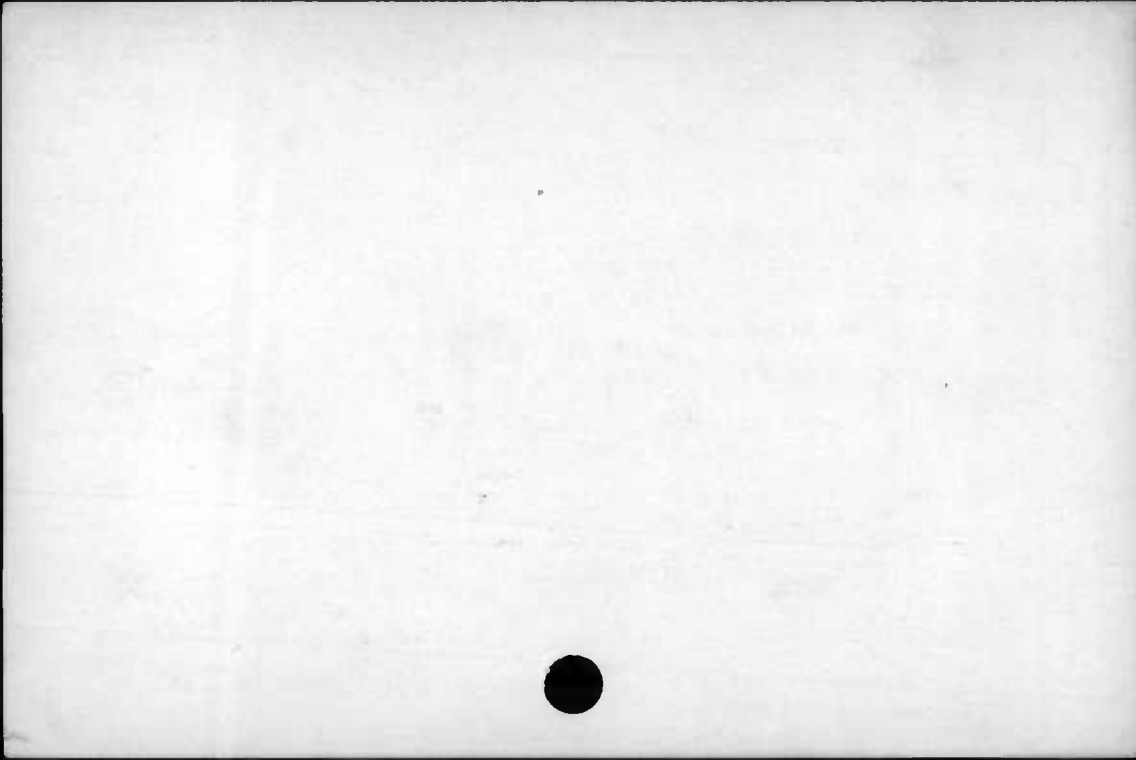
TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                  |                  |  |  |                            |          |  |
|---------------------------------------|------------------|------------------|--|--|----------------------------|----------|--|
| Died at                               |                  | Town<br>Echton   |  | County<br>Cecil                            |                            | MARYLAND |  |
| Date<br>of death                      |                  | Month<br>May     | Day<br>4                                   | Years<br>60                                | Months                     | Days     |  |
| Sex                                   | Male             | Color or<br>Race | African                                    |  | Birth-<br>place            | W. Va.   |  |
| Occupation                            | Brickmaker       |                  |  | Where Residing if not<br>at place of death |                            |          |  |
| Married, Single<br>or Widowed         | Married          |                  | Name of Wife or<br>Husband Sarah M. McCabe |  |                            |          |  |
| Father's<br>Name                      | James M. McCabe  |                  |  |  | Father's<br>Birthplace     | W. Va.   |  |
| Mother's<br>Maiden Name               | Millie Birron    |                  |  |  | Mother's<br>Birthplace     | W. Va.   |  |
| Name of person giving<br>In formation | Harriet Milbourn |                  |  |  | How related<br>to deceased | —        |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |              |                           |               |  |
|---|--------------|---------------------------|---------------|--|
| Primary   | Brightly     |                           | How long      |  |
| Immediate   | Tuberculosis |                           | How long      |  |
| Are the name, age, sex, color, date<br>and place correctly given above? |              | Signature of<br>Physician | M. J. Hawley  |  |
|   |              | Address                   | Echton<br>Md. |  |
| Accident or Suicide?  |              |                           |               |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |                         |     |   |                         |                 |  |
|-----------------------------------|----------------|-------------------------|-----|---|-------------------------|-----------------|--|
| Died at                           |                | Town                    |     | County                                  |                         | MARYLAND        |  |
| Date of death                     |                | Month                   | Day | Years                                   | Months                  | Days            |  |
| 1905                              |                | Aug                     | 12  | 83                                      | 4                       | —               |  |
| Sex                               | Male           | Color or Race           |     | White                                   |                         | Birth-place     |  |
| Occupation                        |                | Farmer                  |     | Where Residing if not at place of death |                         | Port Deposit Md |  |
| Married, Single or Widowed        | Married        | Name of Wife or Husband |     | Margaret P McCay                        |                         |                 |  |
| Father's Name                     | James McCay    |                         |     |   | Father's Birthplace     | Cecil Co        |  |
| Mother's Maiden Name              | Mary Broughton |                         |     |   | Mother's Birthplace     | " "             |  |
| Name of person giving information | Lula B McCay   |                         |     |   | How related to deceased | Daughter        |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |                        |              |
|--|----------------------|------------------------|--------------|
| Primary  | Bright's Disease. 20 | How long               | 2 weeks      |
| Immediate  |                      | How long               |              |
| Are the name, age, sex, color, date and place correctly given above? | Yes                  | Signature of Physician | H E Chum     |
|  |                      | Address                | Port Deposit |
| Accident or Suicide?   |                      |                        |              |



Name  
in  
Full

Ernest A. McClintock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Perryville <sup>Town</sup> Cecil <sup>County</sup>

**MARYLAND**

Date of death 1905 <sup>Month</sup> Aug <sup>Day</sup> 15 <sup>Years</sup> — <sup>Months</sup> 4 <sup>Days</sup> —

Sex Male Color or Race White Birth-place Perryville

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

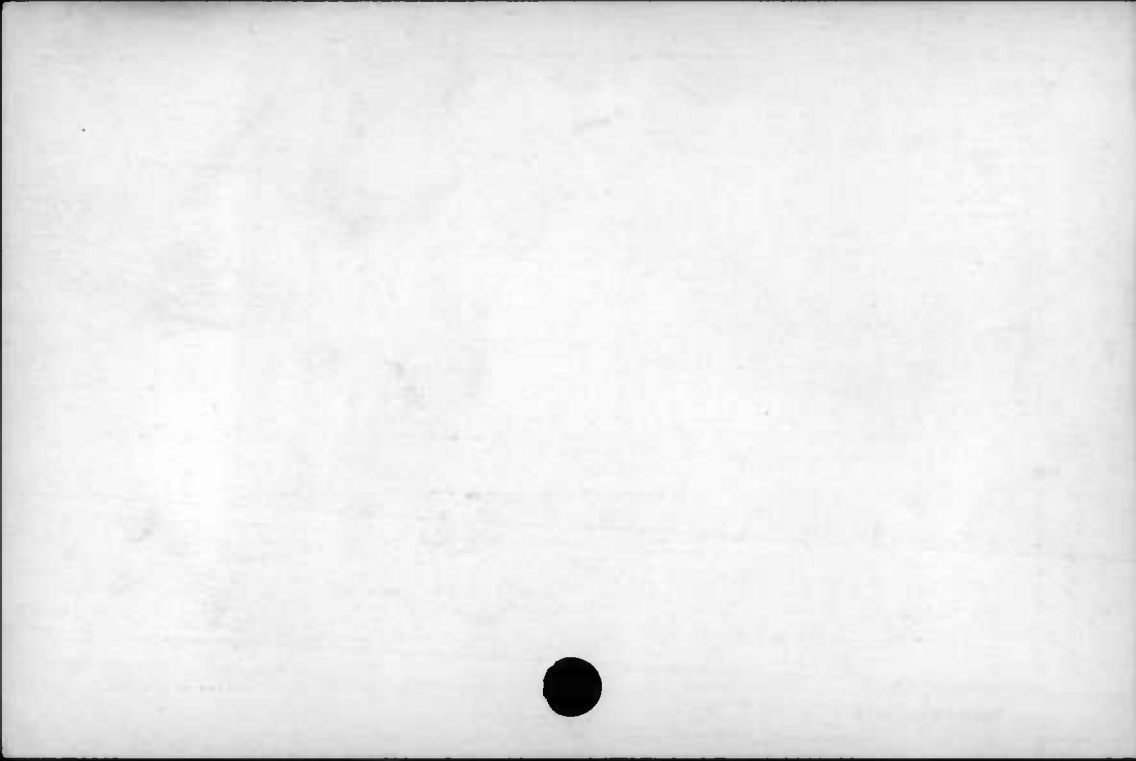
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?





Name  
in  
Full

Mary Ann Mahan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *New Market* TownCounty *Cecil*Date of death *1905 Aug 11*Age *70*

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of ~~Wife~~ or  
Husband*Wilson Mahan*Father's  
Name*Wm Gilman*Father's  
BirthplaceMother's  
Maiden Name*Mary Prichett*Mother's  
Birthplace*MD*Name of person giving  
In formation*Mildred Pierson*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

*3 mo*

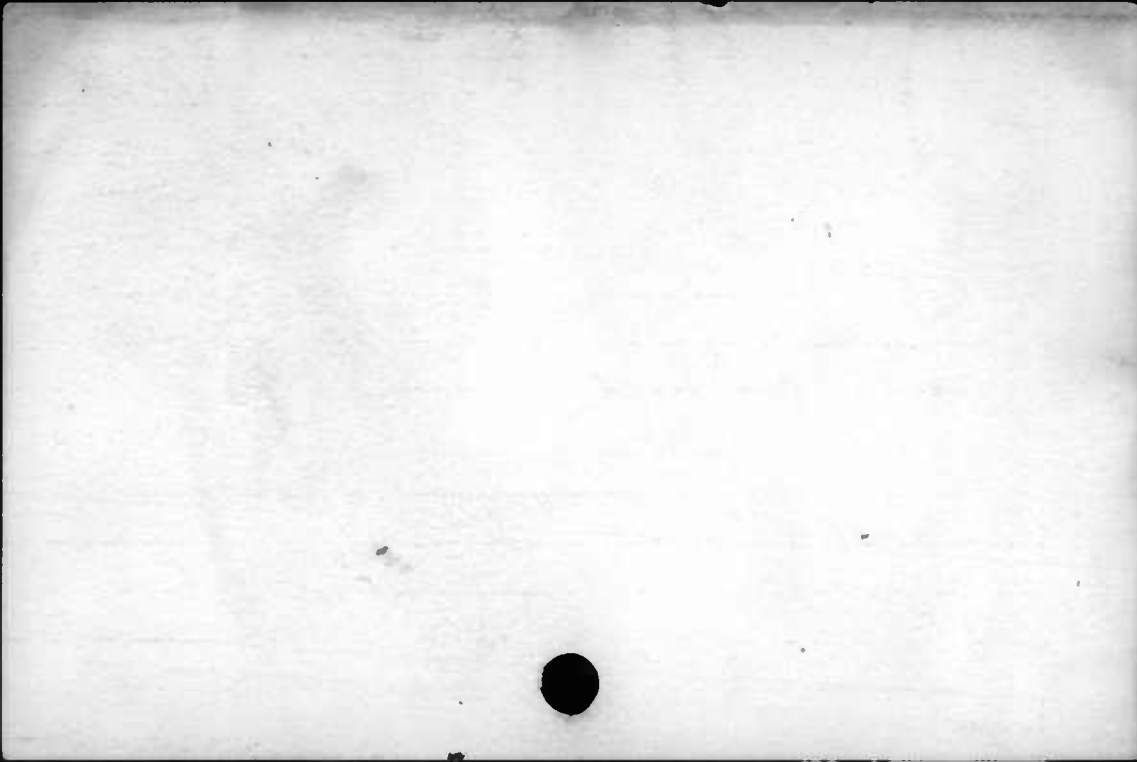
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*H. Arthur Mitchelko*  
*Elkton Md*~~Accident or Suicide?~~PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                         |   |                 |                |
|--|----------------------------|-------------------------|---|-----------------|----------------|
| Died at <i>North East</i> Town                           |                            | <i>Becil</i> County     |   | MARYLAND        |                |
| Date of death <i>1905 Aug.</i>                           | Month                      | Day <i>24</i>           | Age <i>20</i>                           | Months <i>8</i> | Days <i>20</i> |
| Sex <i>Female</i>  | Color or Race <i>White</i> |                         | Birth-place <i>Ridley Park, Pa.</i>     |                 |                |
| Occupation   |                            |                         | Where Residing if not at place of death |                 |                |
| Married, Single or Widowed <i>Single</i>                 |                            | Name of Wife or Husband |   |                 |                |
| Father's Name <i>Norman O. Nettleton</i>                 |                            |                         | Father's Birthplace <i>DuBois, Pa.</i>  |                 |                |
| Mother's Maiden Name <i>Jennie McCullough</i>            |                            |                         | Mother's Birthplace <i>Leola, Md.</i>   |                 |                |
| Name of person giving information <i>J. M. Nettleton</i> |                            |                         | How related to deceased <i>Mother</i>   |                 |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |                               |
|---|---|-------------------------------|
| Primary <i>Tuberc - Colitis</i>   | How long <i>105</i>                         | How long <i>two days</i>      |
| Immediate   |   |                               |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Thos. Horrall</i> | Address <i>North East Md.</i> |
| Accident or Suicide?  |   |                               |

Well Meeting Lane

Name  
in  
Full

Mary Oldham

## CERTIFICATE OF DEATH

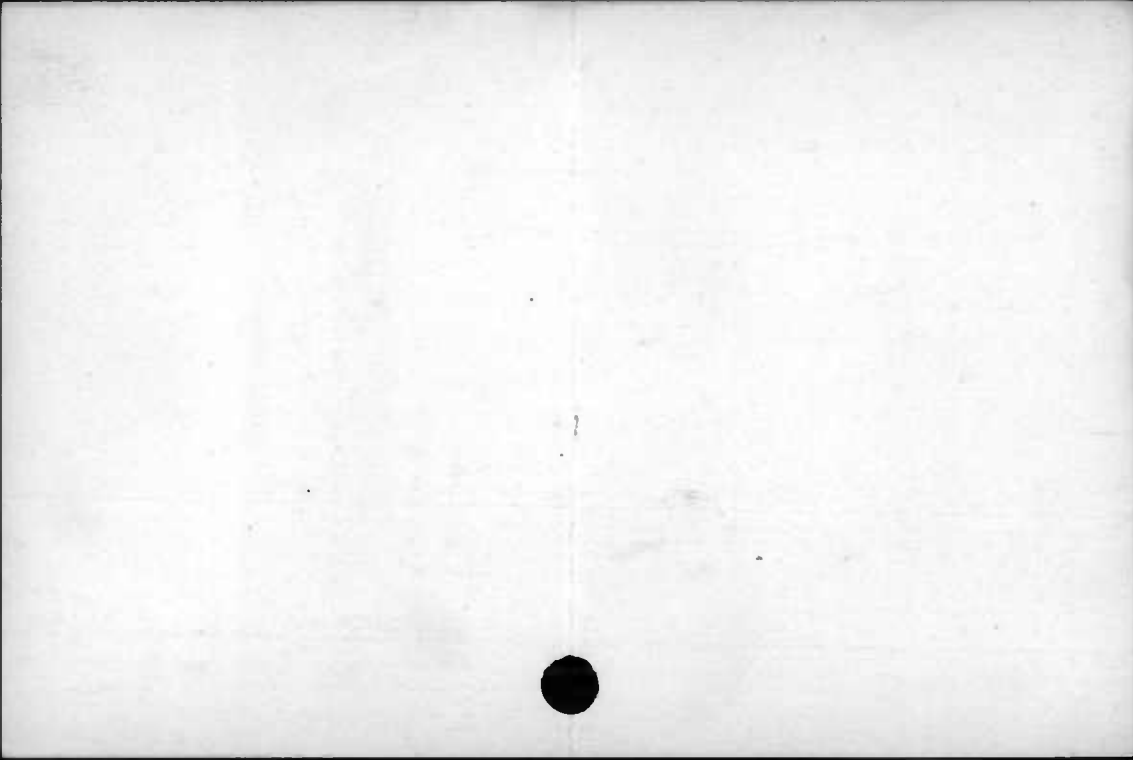
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |   |                              |                  |               |
|---|---|---|------------------------------|------------------|---------------|
| Died at <i>Leslie</i> Town                          |   | County <i>Cecil</i>                     |                              | MARYLAND         |               |
| Date of death <i>1905</i>                           | Month <i>Aug</i>                          | Day <i>8</i>                            | Age <i>32</i>                | Months <i>11</i> | Days <i>.</i> |
| Sex <i>Female</i>                                   | Color or Race <i>White</i>                |   | Birth-place <i>Leslie Md</i> |                  |               |
| Occupation <i>Housewife</i>                         |   | Where Residing if not at place of death |                              |                  |               |
| Married, Single or Widowed <i>Married</i>           | Name of Wife or Husband <i>A V Oldham</i> |   |                              |                  |               |
| Father's Name <i>Henry Jackson</i>                  | Father's Birthplace <i>Cecil Co</i>       |   |                              |                  |               |
| Mother's Maiden Name <i>Elizabeth Benjamin</i>      | Mother's Birthplace <i>Cecil Co</i>       |   |                              |                  |               |
| Name of person giving information <i>A V Oldham</i> |   | How related to deceased <i>Husband</i>  |                              |                  |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Abscess</i>   | How long <i>44</i>                              |
| Immediate  | How long  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>B. H. H. H. H. H.</i> |
|  | Address <i>W. H. H. H. H.</i>                   |
| Accident or Suicide?   | <i>Aug 22 - 05</i>                              |



Name  
in  
Full

## CERTIFICATE OF DEATH

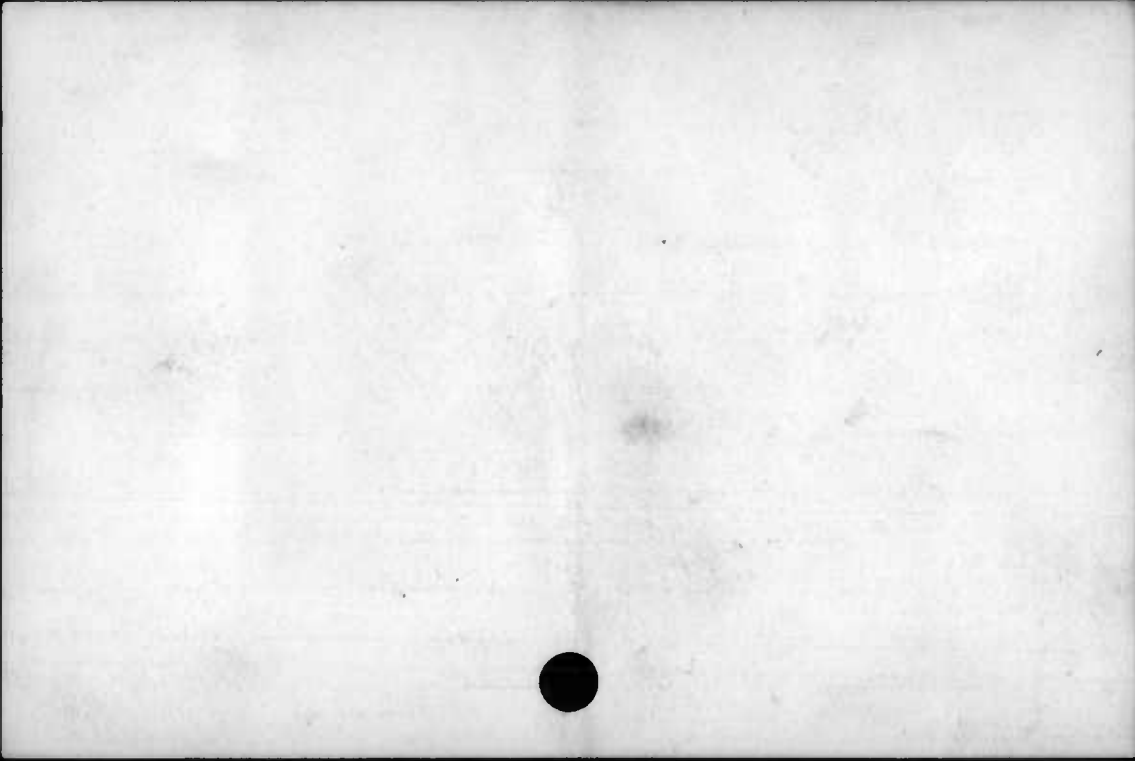
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |  |  |                               |  |
|---|--|--|--|--|--|-------------------------------|--|
| Died at <i>John Henry Ott</i>                     |  | Town <i>Providence</i>                           |  | County <i>Cecil</i>                            |  | MARYLAND                      |  |
| Date of death <i>1905</i>                         |  | Month <i>8</i>                                   |  | Day <i>22</i>                                  |  | Age <i>1</i>                  |  |
| Sex <i>Male</i>                                   |  | Color or Race <i>White</i>                       |  | Birth-place <i>MD</i>                          |  | Months <i>4</i>               |  |
| Occupation <i>—</i>                               |  | Where Residing if not at place of death <i>—</i> |  |  |  |                               |  |
| Married, Single or Widowed <i>—</i>               |  | Name of Wife or Husband <i>—</i>                 |  |  |  |                               |  |
| Father's Name <i>John Ott</i>                     |  | Father's Birthplace <i>MD</i>                    |  | Mother's Maiden Name <i>Amanda E McConnell</i> |  | Mother's Birthplace <i>MD</i> |  |
| Name of person giving information <i>John Ott</i> |  | How related to deceased <i>Father</i>            |  |  |  |                               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Basilar Meningitis</i>   | How long <i>3 weeks</i>                    |
| Immediate <i>Convulsions</i>  | How long <i>—</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>C. J. Carrio</i> |
| Accident or Suicide? <i>—</i>   | Address <i>Cherry Hill, MD</i>             |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                              |  |   |  |                                 |  |
|---|--|------------------------------|--|---|--|---------------------------------|--|
| Name in Full <i>Ralph Robb</i>                  |  | Town <i>North East</i>       |  | County <i>Cecil</i>                     |  | MARYLAND                        |  |
| Died at   |  | Month                        |  | Day                                     |  | Years                           |  |
| Date of death <i>1905</i>                       |  | <i>8</i>                     |  | <i>2</i>                                |  | <i>1</i>                        |  |
| Sex <i>Male</i>                                 |  | Color or Race <i>colored</i> |  | Birth-place <i>Zion</i>                 |  | Months <i>---</i> Days <i>3</i> |  |
| Occupation                                      |  |                              |  | Where Residing if not at place of death |  |                                 |  |
| Married, Single or Widowed <i>Single</i>        |  |                              |  | Name of Wife or Husband                 |  |                                 |  |
| Father's Name <i>Adam Brob</i>                  |  |                              |  | Father's Birthplace <i>Maryland</i>     |  |                                 |  |
| Mother's Maiden Name <i>Anna Frisby</i>         |  |                              |  | Mother's Birthplace <i>Elk Neck</i>     |  |                                 |  |
| Name of person giving information <i>Mother</i> |  |                              |  | How related to deceased <i>Mother</i>   |  |                                 |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                 |                        |                     |
|--|---------------------------------|------------------------|---------------------|
| Primary  | <i>whooping cough</i>           | How long               | <i>3 or 4 weeks</i> |
| Immediate  | <i>He in Pierson undertaker</i> | How long               | <i>a few hours</i>  |
| Are the name, age, sex, color, date and place correctly given above? |                                 | Signature of Physician |                     |
| <i>yes</i>   |                                 | Address                |                     |
| Accident or Suicide?   |                                 | {over}                 |                     |

This child had had whooping cough for  
for 3 or 4 weeks, was taken with cerebral  
meningitis and died in a few hours. is  
our judgement from the best information  
we could get: Parents very poor.

J. W. Cooper, M.D.

Name  
in  
Full

CERTIFICATE OF DEATH

Ida Shock

Town

Woodlawn

County

Cecil

MARYLAND

Died at

Date

of death 1905

Month

Aug

Day

5

Years

Age 37

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Cecil Co

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Robert Shock

Father's  
Name

John Shannon

Father's  
Birthplace

Cecil Co

Mother's  
Maiden Name

Annie Berry

Mother's  
Birthplace

" "

Name of person giving  
information

Annie Shannon

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Consumption

How long

6 mo

Immediate

Pregnancy &amp; Child birth

How long

6 weeks

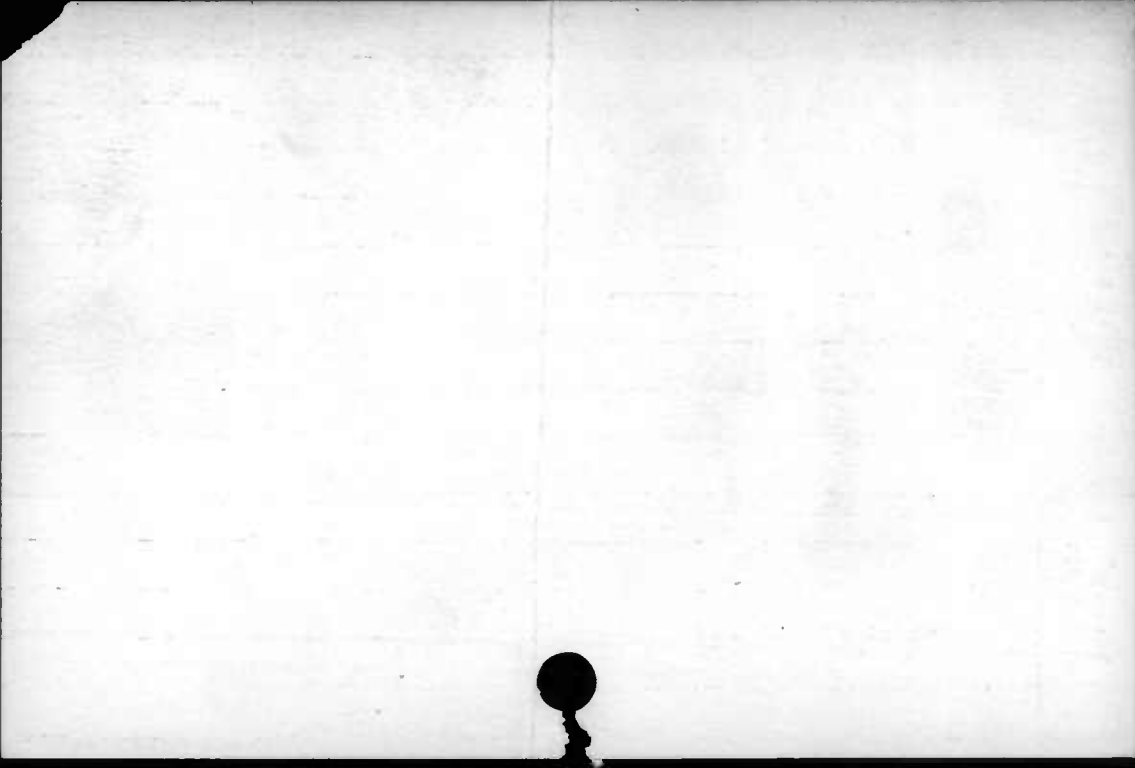
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. Jewess, M.D.  
Pikesville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ernest Simmers

## CERTIFICATE OF DEATH

MARYLAND

Died at *near Port-Deposit*

Town

*Cecil*

County

Date  
of death *1903*

Month

*Aug*

Day

*30*

Age

Years

Months

*4*

Days

Sex *male*Color or  
Race*white*Birth-  
place*Port-Deposit*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Levi Simmers*Father's  
Birthplace*Cecil Co*Mother's  
Maiden Name*Alvinda Whitlock*Mother's  
Birthplace*" "*Name of person giving  
Information*Levi Simmers*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Cholera Infantum*

How long

*2 weeks*

Immediate

*Erythema*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*W. B. Channon  
Port Deposit*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

Hilbert W. Yrinks

Town

County

Died at

Cecilton

Cecil

MARYLAND

Date 189

5-

Month

8

Day

13

Age

Y.

M.

D.

- 5-13

Native of

Ind

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Edwitt H. Yrinks

Mother's  
Name

Hybert M. Suttin

Cause of

Primary

Hydrocephalus

How long sick

Death

Immediate

.. ..

..

Accident, Suicide, Homicide

Reported by

E. W. Crawford  
Cecilton Ind

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70574

Attended by Dr.

E. N. Crawford

of Cecilton And

Seen by Coroner

of

Information contained in this certificate re-  
ceived from

Hyman M. Trinks

of

Cecilton And



Name  
in  
Full

## CERTIFICATE OF DEATH

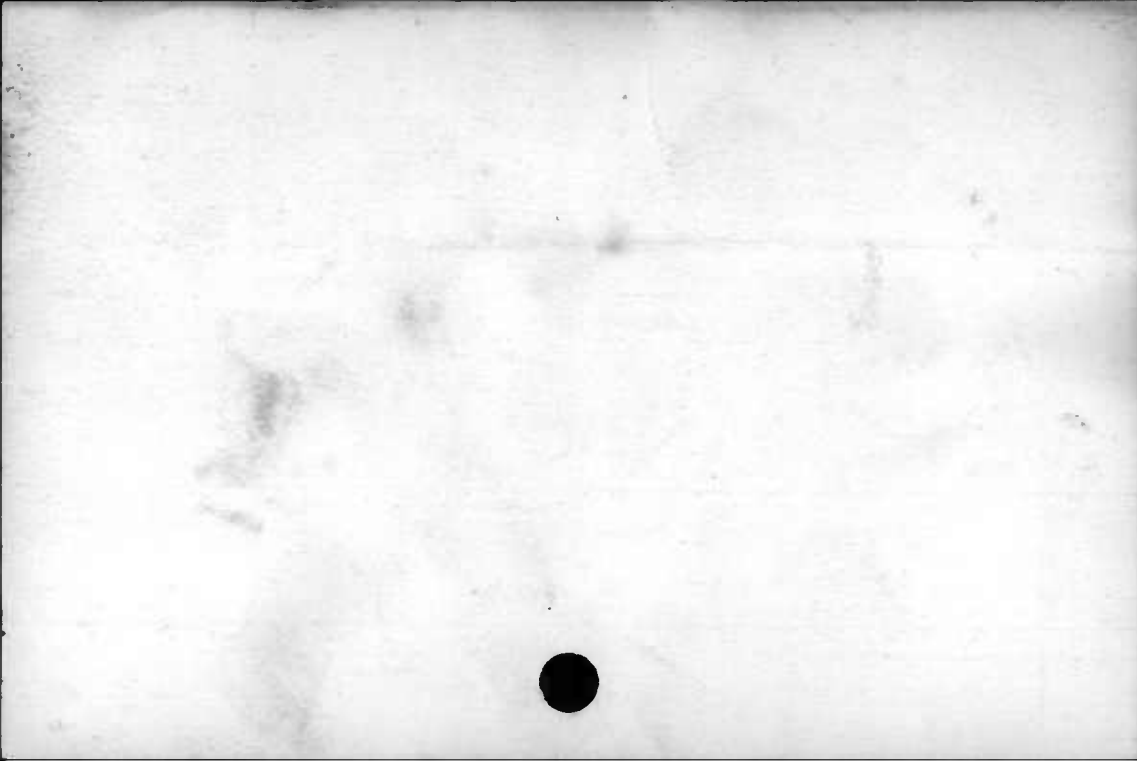
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |                            |  |                  |  |
|--|--|--|--|----------------------------|--|------------------|--|
| Name in Full<br><b>Harriet E. Freeman,</b>               |  | Town<br><b>Rising Sun</b>                                    |  | County<br><b>Cecil</b>     |  | MARYLAND         |  |
| Died at  |  | Date of death  |  | Age                        |  | Months           |  |
|  |  | <b>1905 Aug 8</b>  |  | <b>75</b>                  |  | <b>2</b>         |  |
| Sex<br><b>Female</b>                                     |  | Color or Race<br><b>White</b>                                |  | Birth-place<br><b>Ohio</b> |  | Days<br><b>3</b> |  |
| Occupation<br><b>None</b>                                |  | Where Residing if not at place of death<br><b>Rising Sun</b> |  |                            |  |                  |  |
| Married, Single or Widowed<br><b>Widow</b>               |  | Name of Wife or Husband<br><b>John Freeman</b>               |  |                            |  |                  |  |
| Father's Name<br><b>George Humphrey</b>                  |  | Father's Birthplace<br><b>Ohio</b>                           |  |                            |  |                  |  |
| Mother's Maiden Name<br><b>Elizabeth Brown</b>           |  | Mother's Birthplace<br><b>Id</b>                             |  |                            |  |                  |  |
| Name of person giving information<br><b>Maggie Kraus</b> |  | How related to deceased<br><b>Daughter</b>                   |  |                            |  |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary<br><b>Organic Structural Diseases</b>                                      |  | How long<br><b>Four years</b>                          |  |
| Immediate<br><b>Exhaustion</b>   |  | How long   |  |
| Are the name, age, sex, color, date and place correctly given above?<br><b>yes</b> |  | Signature of Physician<br><b>Dr. J. B. [Signature]</b> |  |
|  |  | Address<br><b>Rising Sun, Md.</b>                      |  |
| Accident or Suicide?   |  |  |  |



Name  
in  
Full

Ethel Veale

## CERTIFICATE OF DEATH

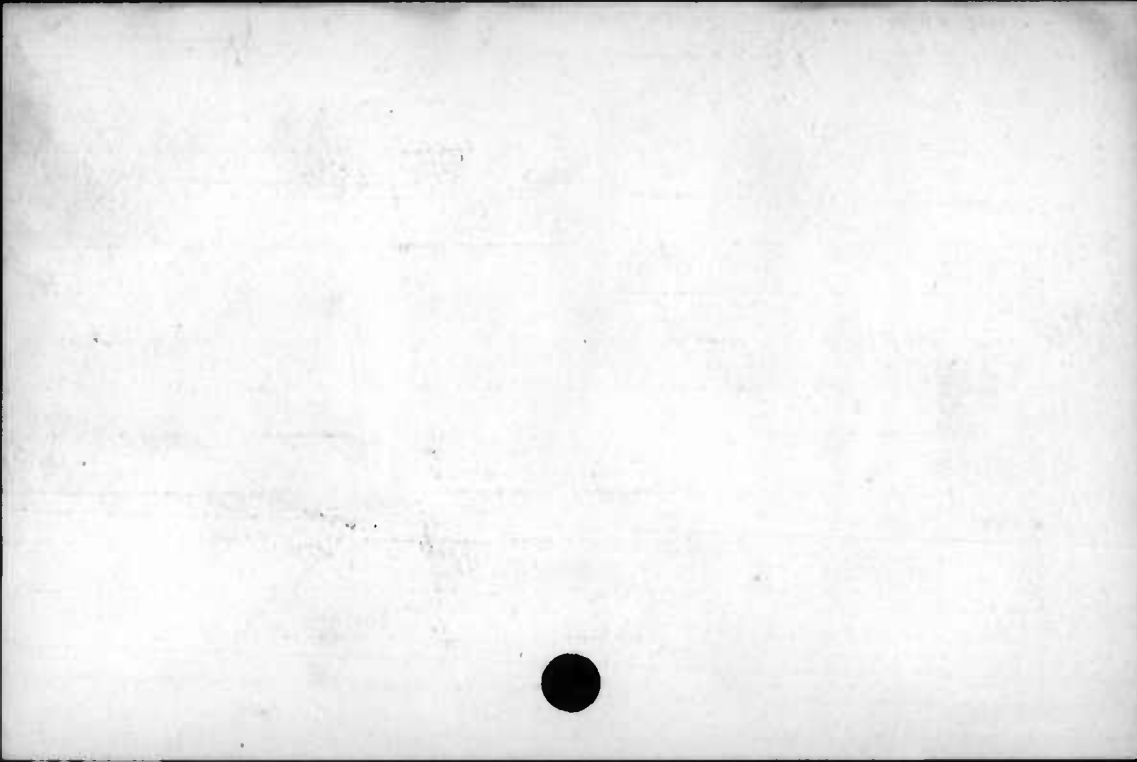
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                         |  |   |        |          |  |
|---|----------------------------|-------------------------|--|---|--------|----------|--|
| Died at <i>New Port Deposit</i>                     |                            | Town <i>Cecil</i>       |  | County                                  |        | MARYLAND |  |
| Date of death <i>190</i>                            | Month <i>8</i>             | Day <i>27</i>           | Age <i>✓</i>   | Years                                   | Months | Days     |  |
| Sex <i>Female</i>                                   | Color or Race <i>Black</i> |                         | Birth-place <i>Cokesbury</i>                             |   |        |          |  |
| Occupation  |                            |                         | Where Residing if not at place of death <i>Cokesbury</i> |   |        |          |  |
| Married, Single or Widowed                          |                            | Name of Wife or Husband |  |   |        |          |  |
| Father's Name <i>Elmer Veale</i>                    |                            |                         |  | Father's Birthplace <i>Cokesbury</i>    |        |          |  |
| Mother's Maiden Name <i>Lula Jones</i>              |                            |                         |  | Mother's Birthplace <i>College Park</i> |        |          |  |
| Name of person giving information <i>Lula Veale</i> |                            |                         |  | How related to deceased <i>Mother</i>   |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Diphtheria</i>   | How long <i>5 days</i>                     |
| Immediate   | How long                                   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i> | Signature of Physician <i>H. C. Louahs</i> |
|   | Address <i>Port Deposit Md.</i>            |
| Accident or Suicide?  |  |



| Name<br>in<br>Full   |                                   | Minerva Keates |                   |                        |   | CERTIFICATE OF DEATH |              |
|--|-----------------------------------|----------------|-------------------|------------------------|---|----------------------|--------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                                  | Died at                           |                | Near Port Deposit |                        | County                                  |                      | CECIL        |
|  | Date of death                     |                | 190               | Month                  | 8                                       | Day                  | 28           |
|  | Sex                               |                | Female            |                        | Color or Race                           |                      | Black        |
|  | Occupation                        |                | —                 |                        | Where Residing if not at place of death |                      | —            |
|  | Married, Single or Widowed        |                | —                 |                        | Name of Wife or Husband                 |                      | —            |
|  | Father's Name                     |                | Elmer Keates      |                        | Father's Birthplace                     |                      | Cokerbury    |
| PHYSICIAN<br>OR CORONER  | Mother's Maiden Name              |                | Lucia Jones       |                        | Mother's Birthplace                     |                      | Collegeville |
|  | Name of person giving information |                | Lucia Jones       |                        | How related to deceased                 |                      | Mother       |
|  | CAUSES OF DEATH                   |                |                   |                        |   |                      |              |
|  | Primary                           |                | Dysentery         |                        | How long                                |                      | 5 days       |
| Immediate  |                                   |                |                   | How long               |   |                      |              |
| Are the name, age, sex, color, date and place correctly given above? |                                   | Yes            |                   | Signature of Physician |   | H.C. Donahoe         |              |
|  |                                   |                |                   | Address                |   | Port Deposit         |              |
| Accident or Suicide?   |                                   |                |                   |                        |   |                      |              |

Ethel Keall

donor

Cooperburg

Name  
in  
Full

## CERTIFICATE OF DEATH

Verna Elma Wardell

Town

County

MARYLAND

Died at

Date  
of death 190

Month

Day

Age

Years

Months

Days

Sex  
OccupationColor or  
RaceBirth-  
placeWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

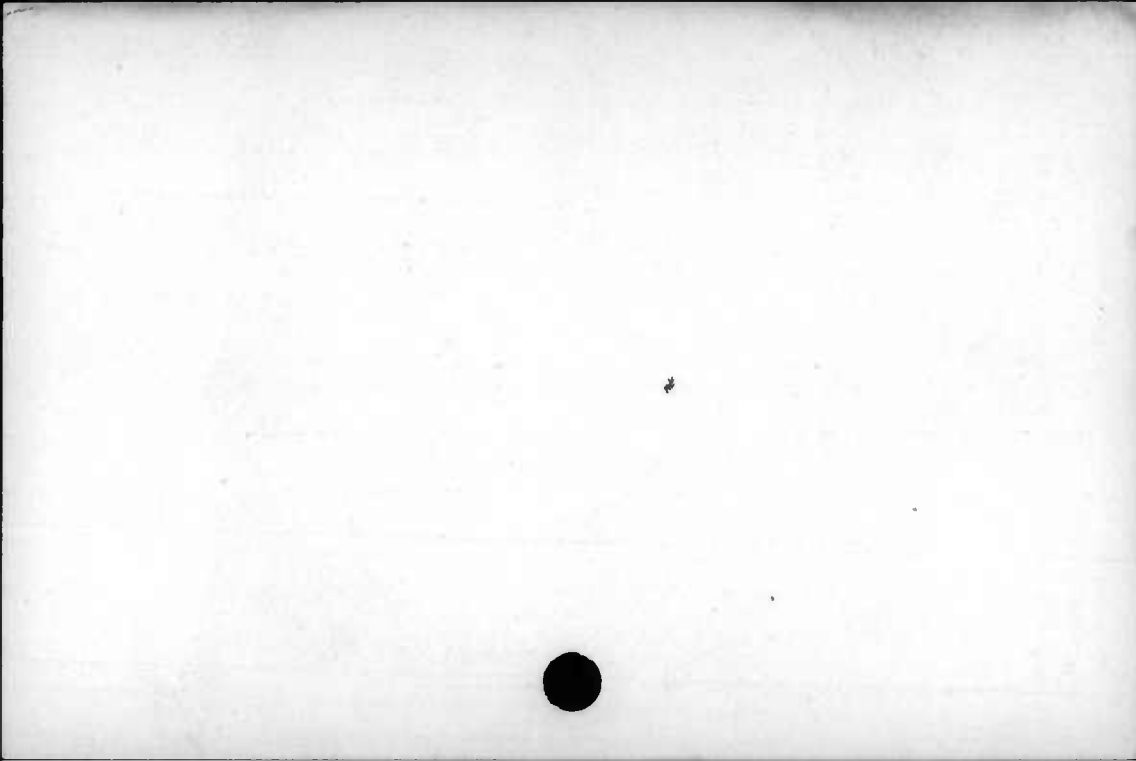
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

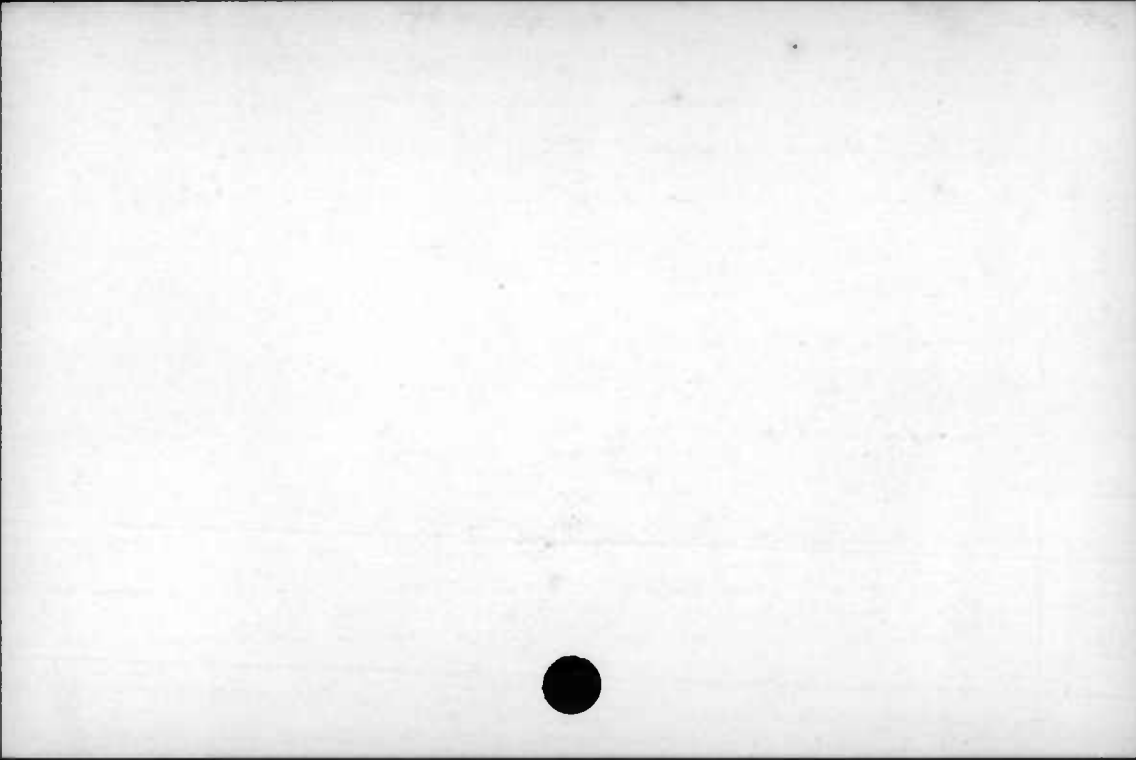
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                          |  |                |                 |                     |
|---|----------------------------|--------------------------|--|----------------|-----------------|---------------------|
| Died at <i>Nations Island</i>                           |                            | County <i>Sevier Co.</i> |  | MARYLAND       |                 |                     |
| Date of death <i>1905</i>                               | Month <i>Aug.</i>          | Day <i>24</i>            | Age <i>—</i>                                     | Years <i>—</i> | Months <i>—</i> | Days <i>8 hours</i> |
| Sex <i>Female</i>                                       | Color or Race <i>White</i> |                          | Birth-place <i>Nations Island</i>                |                |                 |                     |
| Occupation <i>—</i>                                     |                            |                          | Where Residing if not at place of death <i>—</i> |                |                 |                     |
| Married, Single or Widowed <i>—</i>                     |                            |                          | Name of Wife or Husband <i>—</i>                 |                |                 |                     |
| Father's Name <i>David Whitlock</i>                     |                            |                          | Father's Birthplace <i>U.S.</i>                  |                |                 |                     |
| Mother's Maiden Name <i>Bella Hasson</i>                |                            |                          | Mother's Birthplace <i>" "</i>                   |                |                 |                     |
| Name of person giving information <i>Bella Whitlock</i> |                            |                          | How related to deceased <i>Mother</i>            |                |                 |                     |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Cyanosis neonatorum</i>  | How long <i>8 hours</i>                   |
| Immediate <i>7 1/2 mos child</i>  | How long                                  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>L. G. Tabor</i> |
|   | Address <i>Penland, Miss</i>              |
| Accident or Suicide?  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

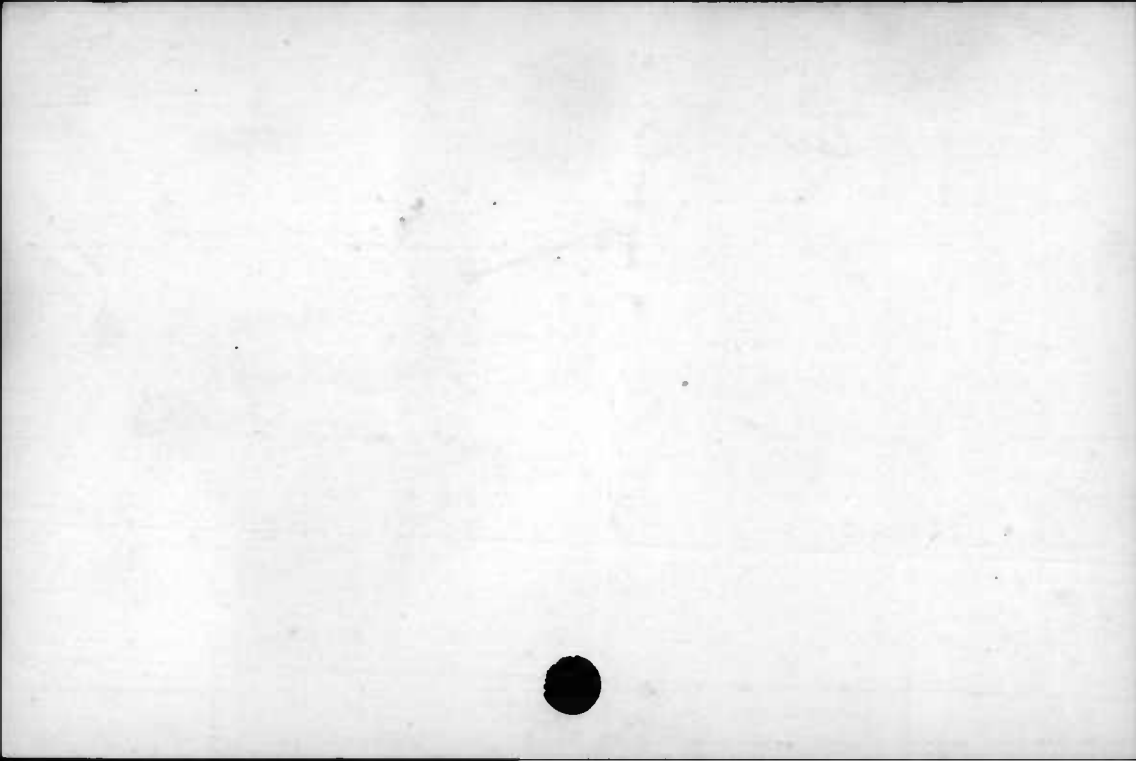
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                                |  |                               |  |
|--|--|---|--|--------------------------------|--|-------------------------------|--|
| Name in Full <i>Marguerite Woollyhand</i>                |  | Town <i>Cecilton</i>  |  | County <i>Cecil Co</i>         |  | MARYLAND                      |  |
| Died at  |  | Date of death <i>1905 Aug.</i>                                    |  | Age <i>4</i>                   |  | Months <i>5</i> Days <i>—</i> |  |
| Sex <i>Female</i>  |  | Color or Race <i>White</i>  |  | Birth-place <i>Cecil Co Md</i> |  |                               |  |
| Occupation <i>—</i>                                      |  | Where Residing if not at place of death <i>Near Warwick, Ind.</i> |  |                                |  |                               |  |
| Married, Single or Widowed <i>—</i>                      |  | Name of Wife or Husband <i>—</i>                                  |  |                                |  |                               |  |
| Father's Name <i>William Woollyhand</i>                  |  | Father's Birthplace <i>Cecil Co.</i>                              |  |                                |  |                               |  |
| Mother's Maiden Name <i>Annis B. Anderson</i>            |  | Mother's Birthplace <i>Cecil Co.</i>                              |  |                                |  |                               |  |
| Name of person giving information <i>Henrietta Brown</i> |  | How related to deceased <i>Aunt.</i>                              |  |                                |  |                               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                       |                          |                 |
|--|---------------------------------------|--------------------------|-----------------|
| Primary  | <i>Acute Gastrointestinal Catarrh</i> | How long                 | <i>200 days</i> |
| Immediate  | <i>11</i>                             | How long                 | <i>11</i>       |
| Are the name, age, sex, color, date and place correctly given above? |                                       | Signature of Physician   |                 |
| <i>Yes</i>   |                                       | <i>S. H. Crawford Jr</i> |                 |
|  |                                       | Address                  |                 |
|  |                                       | <i>Cecilton Ind</i>      |                 |
| Accident or Suicide?   |                                       |                          |                 |



Name  
in  
Full

Elwood Thomas Young

6th 20th

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |      |                      |   |             |        |
|-----------------------------------|------|----------------------|---|-------------|--------|
| Died at <u>Calora</u> Town        |      | <u>Carrie</u> County |   | MARYLAND    |        |
| Date of death                     | 1905 | Month                | 8                                       | Day         | 12     |
| Age                               |      | Years                | 3                                       | Months      |        |
| Sex                               | Male | Color or Race        | white                                   | Birth-place | Calora |
| Occupation                        |      |                      | Where Residing if not at place of death |             |        |
| Married, Single or Widowed        |      |                      | Name of Wife or Husband                 |             |        |
| Father's Name                     |      |                      | Isaac Young                             |             |        |
| Mother's Maiden Name              |      |                      | Elsabeth Sebold                         |             |        |
| Name of person giving information |      |                      | Mother                                  |             |        |
| Father's Birthplace               |      |                      | Maryland                                |             |        |
| Mother's Birthplace               |      |                      | Maryland                                |             |        |
| How related to deceased           |      |                      | 105                                     |             |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                             |                        |        |
|--|-----------------------------|------------------------|--------|
| Primary  | In digestion & Malnutrition | How long               | known  |
| Immediate  | Cholera Infaction           | How long               | 3 days |
| Are the name, age, sex, color, date and place correctly given above? |                             | Signature of Physician |        |
| Yes  |                             | Address                |        |
| Accident or Suicide?   |                             | Residence              |        |

